



Child History Form

Child's Name _____ Date of Birth _____

Parents Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell _____

Email _____

Siblings (Please list other family siblings)

_____ Age _____

_____ Age _____

_____ Age _____

◆What type of educational setting does your child attend?

- Regular Ed/Inclusion Special Ed (part of day) Special Ed (full day)
 Non-Public Special Ed School Private School Home School
 One-to-one aide

◆Does your child have any specific diagnoses? Yes No

If Yes, please list each diagnosis, when the child was diagnosed and by whom.

DX _____ Age _____ By Whom _____

DX _____ Age _____ By Whom _____

DX _____ Age _____ By Whom _____

◆Is your child on any medication? Yes No

If YES, please list them:

◆Does your child have any allergies? Yes No

Food Allergies: _____

Environmental Allergies: _____

Medication Allergies: _____

If YES, to any allergies, when was the last reaction and please describe the event and treatment.

◆ Is your child on any restrictive diets (e.g. dairy free, wheat free, sugar free)? Yes No

◆ Help Us Know Your Child ◆

- ◆ What are your child's preferred interests?
- ◆ What activities does your child not like to engage in?
- ◆ Does your child have any special talents?
- ◆ What would you describe as your child's social strengths?
- ◆ Does your child have any fears that may impact participation?

Please check all of the following behaviors that apply to your child:

- | | | |
|--|--|---|
| <input type="radio"/> Easily Distracted | <input type="radio"/> Hyperactive | <input type="radio"/> Gets stuck on a particular topic |
| <input type="radio"/> Obsessive | <input type="radio"/> Gets easily frustrated | <input type="radio"/> Insists on having his/her own way |
| <input type="radio"/> Angers easily | <input type="radio"/> Can not compromise | <input type="radio"/> Has a tendency to wander off |
| <input type="radio"/> Has low self esteem | <input type="radio"/> Bullies others | <input type="radio"/> Teased by others |
| <input type="radio"/> Remains isolative in group or social settings | | <input type="radio"/> Prefers to play with younger children |
| <input type="radio"/> Wants to make friends but doesn't know how | | <input type="radio"/> Has difficulty maintaining conversation |
| <input type="radio"/> Has difficulty with change/transition | | <input type="radio"/> Prefers adult company to that of peers |
| <input type="radio"/> Wants to please | | <input type="radio"/> Has appropriate sense of humor |
| <input type="radio"/> Interest in fire, weapons, violent themes | | <input type="radio"/> Prefers video games to social play |
| <input type="radio"/> Has shown aggressive behaviors, such as throwing things, hitting, spitting, kicking or biting others | | |
| <input type="radio"/> Becomes oppositional when told to do something he/she doesn't want to do | | |

If you have any other information that would be helpful to us, or that you would like us to know, please feel free to add your comments:

Please return completed form to
Camp Concepts
Expressions Day Camp
560 Center St. Warrington, Pa. 18976
Fax: 215.491.3259
