

Getting to Know Athlete

NAME:

BIRTH DATE:

ABOUT MY CHILD

IMAGE

MY CHILD'S HOME, FAMILY & SCHOOL:

ALLERGIES:

MY CHILD'S STRENGTHS: (things that are easy)

CURRENT MEDICINES/DOSES

MY CHILD'S CHALLENGES: (communication, feeding, learning, mobility, social, energy, behavior))

THINGS TO AVOID:

THINGS I'D LIKE YOU TO KNOW ABOUT MY CHILD:

WAYS YOU CAN BE HELPFUL TO MY CHILD:

Emergency Names & Numbers

Name		Work Phone	
		Home Phone	
Address		Cell Phone	
		Beeper	

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Notes

Large empty area for notes.