

## OFFICE USE ONLY

Scheduled Date

Staff Member (received/arranged by)

Pickup

☐ Car line ☐ Entrance

Medications

☐ Received

## Student

Full Name

Preferred Name (if student prefers to be called by a different name)

Food Allergies

Medications

Medication Instructions

Important Triggers

Sensory Items

Special Instructions

## Parent/Guardian

Full Name

Telephone

Signature

Date