



MUZART'S - Special Needs Form

1205 S. 21st Avenue
Hollywood, FL 33020
Ph: 954 924-1133

Child's Name: _____ Secret Code: _____

Muzart wants to be sure that your special needs are met. Please help us by filling out this form. Please be sure to update this form as your child's needs change by obtaining a NEW form from the front desk and returning it to the front desk (not to a teacher). Thank You.

Does your child have any health needs requiring special medications/treatments or other needs? _____

If so please explain: _____

Does your child have any allergies to foods or special food needs? _____

If so please explain: _____

Does your child have any allergies to medicines or chemicals? _____

If so please explain: _____

Does your child have any other needs not mentioned? _____

If so please explain: _____

While enrolled in our CREATIVE CAMP, your child will engage in movement classes, cooking, music and art. Please answer the following questions:

Has your child ever had surgery, broken any bones, or had any previous serious medical treatment that we should be aware of during our movement programs? _____ YES _____ NO

If so please explain: _____

Has your child ever had a delay in speech, fine motor development, gross motor development, and/or had therapy for any of the forementioned? _____ YES _____ NO

If so please explain: _____

Does your child follow a special food diet? (i.e. kosher, vegetarian, vegan, etc.) _____ YES _____ NO

If so please explain: _____

I give my permission to Muzart to give medication (i.e. Tylenol, Motrin, Benedryl, etc.) to my child in the event that he/she develops a dangerously high fever (or other condition), while at Muzart, to reduce fever or symptoms until I arrive for pick-up: _____ YES _____ NO

Child's Doctor: _____ Tele: _____

In the extreme event of an ambulance being called or immediate hospitalization, or I would want my child to be sent to:

Emergency Contacts (names and numbers): _____

Parent/Guardian's Signature: _____ Date: _____