

**DUPAGE COUNTY FAMILY CENTER**  
**SPECIAL INSTRUCTIONS REGARDING YOUR CHILD'S WELL-BEING**  
**PARENT INFORMATION FORM**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Conditions**

Medical Personnel/Hospital Consulted:     Yes             No

If yes, name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please explain condition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Instructions: Is medication labeled?     Yes, dispense as directed.     No, see below.

**Name of Medication:** \_\_\_\_\_ Dosage: \_\_\_\_\_ teaspoon(s) \_\_\_\_\_ tablespoon(s) \_\_\_\_\_ times per day.

As needed. Do not exceed \_\_\_\_\_ times per day            **TIME OF LAST DOSE** \_\_\_\_\_ AM/PM

Take with food     Take on empty stomach \_\_\_\_\_ hours             Before eating             After eating

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Possible side effects: \_\_\_\_\_

Suggested care: (drink lots of fluids, stay indoors, etc.) \_\_\_\_\_  
\_\_\_\_\_

**School Assignments**

**Subject:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_ **Assignment** \_\_\_\_\_

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**Special Events**

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Needs:** \_\_\_\_\_

**Other Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent Providing Information

Staff Signature