

Getting to Know Kamper

IMAGE

NAME:

BIRTH DATE:

ABOUT MY CHILD:

ALLERGIES:

MY CHILD'S HOME, FAMILY & SCHOOL:

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.