INTERNATIONAL FAMILY CONFERENCE
Boston Marriott Newton
July 27-29. 2012

CHILD BACKGROUND INFORMATION FORM

Must Be Completed for Each Child (0-18 Years of Age)
(Please Print)

Dear Parents:

The conference planning committee needs you to complete this form for each child you are registering to attend the *2012 Families Connecting with Families Conference*, including the child with a visual impairment. We need this information to plan childcare and our educational programs.

You will find additional copies of this form and complete information about the conference at www.familyconnect.org.

To provide the best possible experience for your child, make sure everything is labeled with the child's name (bottles, toys, diaper bags, etc.)

Administering medications will be the responsibility of the parent.

Please complete the ***Child Background Information Form,*** along with the ***Activity Permission for Children*** and ***Media Release*** forms and return with your payment and ***Registration*** to:

Susan LaVenture
Executive Director
NAPVI
P.O. Box 317
Watertown, MA 02471
FAX: (617) 972-7444

Best regards,
Conference Planning Committee

For more information: Napvi@perkins.org

CHILD BACKGROUND INFORMATION FORM

Must Be Completed for Each Child (0-18 Years of Age)
(Please Print)

CHILD INFORMATION:

Name of Child: _____ **Age:** _____ ☐ **Male** ☐ **Female**

Person filling out the form and relationship to the child: _____

Check all that apply:

☐ Child is blind or visually impaired

☐ Child is deaf-blind

☐ Child is blind or visually impaired with additional disabilities

☐ Child is a sibling of a child who is blind or visually impaired and/or has additional disabilities

☐ Other (please explain):_____

Name of Parents/Guardians: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____
Or best way to contact you during the conference

HEALTH/MEDICAL:

- If the child has allergies to food, medicine, insects, or other areas please list: _____

  _____

- Current medical conditions: _____

- Does the child have: History of Seizures ☐ Yes ☐ No; Diabetes ☐ Yes ☐ No; Asthma ☐ Yes ☐ No

- Does the child have a medically prescribed diet or have dietary restrictions? ☐ Yes ☐ No

  If yes, please explain: _____

- Does the child have other activity limitations? ☐ Yes ☐ No

  If yes, please explain: _____

- Is there other health information to share with us?_____

- Student's Visual Diagnosis: _____

- Child Wears: ☐ Glasses ☐ Contact Lenses ☐ Hearing Aids ☐ Prosthesis ☐ Other _____ ☐ N/A

COMMUNICATION:

- Does the child need a sign language interpreter: ☐ Yes ☐ No
- The child uses: ☐ Large Print ☐ Regular Print ☐ Braille ☐ N/A
- Language child speaks:_____ Language spoken in the home: _____

TRAVEL AND MOBILITY (Check all that apply):

☐ Walks independently
☐ Uses cane
☐ Climbs stairs independently
☐ Uses wheelchair
☐ Aided ☐ Unaided
☐ Walks unaided, but with difficulty
☐ Requires physical support
☐ Cannot climb stairs, even with assistance
☐ Uses orthopedic device (e.g., braces, walker, crutches)

SELF-CARE SKILLS:

- **Eating (Select One):**
  - ☐ Needs no assistance
  - ☐ Needs assistance, such as:_____
- **Toileting (Select One):**
  - ☐ Needs no assistance/toilets independently
  - ☐ Schedule trained
  - ☐ Needs some assistance, such as:_____

BEHAVIOR:

Please describe in detail any behavior issues, even if they do not happen all the time at home (i.e., what might these behaviors look like? What might cause them? What seems to help in those situations?)

_____

_____

_____

This health history is correct so far as I know, and the child listed above has permission to engage in all childcare activities except as noted.

1. Any situation requiring medical attention will be called to my attention immediately.
2. In the event I cannot be reached during an emergency with my child, I give personnel of the National Family Conference permission to seek emergency medical treatment.
3. I will be responsible for giving any medications my child needs.
4. I will be responsible for any special diet my child needs.

Signature of Parent/Guardian _____ **Date**_____

Print Name of Parent/Guardian _____