DEPARTMENT OF AIR FORCE
CHILD AND YOUTH PROGRAMS

Form A *(to be completed by parent/guardian)*

Child and Youth Program
Joint Base Elmendorf-Richardson
Inclusion Action Plan

PART A. To be completed by the parents/guardians.

Child's name: _____ DOB: _____ Date: _____

Circle one: Hourly Care - Full Time Care - Part Day Preschool - Before and After School – Youth-Sports

Sponsor's name: _____ Email_____

Spouses' name: _____Email_____

Home phone: _____ Cell phone: _____

Does your child have allergies, developmental delays, behavioral concerns or any other medical condition?

Check a box. ☐ **Yes** (Proceed to Part B). ☐ **No** (DO NOT PROCEED) _____
(Parent/Guardian signature)

PART B. Parents/guardians, check the appropriate box or boxes, get the appropriate paperwork and have it signed by a physician.

CHRONIC CONDITIONS		
Form D Required ☐ Respiratory (Asthma) **Form E Required** ☐ Seizure Disorder **Form F Required** ☐ Diabetes	**Form B Required** ☐ Blindness/Vision Condition ☐ Heart Condition ☐ Kidney Condition ☐ Deafness/Hearing Condition ☐ Developmental Delay ☐ Cerebral Palsy ☐ Atopic Disease	**Form B Required** ☐ Speech Concern ☐ Autism Spectrum ☐ ADHD ADD ☐ Anxiety ☐ Behavioral Concerns ☐ Other _____ _____ _____
Provide details for checked items (month and year with current status) :		
DIETARY AND FEEDING CONCERNS		

Verified Information is complete _____

Form A *(to be completed by parent/guardian)*

Form C Required

☐ Food Allergies
☐ Feeding Concerns
☐ Special Diet Statement Provided
☐ Swallowing Difficulty/Aspiration risk
☐ Other _____

Provides details for checked items: _____

_____

_____

Does your child/youth receive special services/therapies? ☐ **Yes** ☐ **No** Please specify:

_____

Is your child/youth enrolled in the EFMP? ☐ **Yes** ☐ **No** Please specify

_____

I acknowledge the information about my child will be shared with the Inclusion Action Team, Child and Youth Program personnel, and/or medical professionals in order to receive individualized recommendation for accommodations and support.

_____ _____

Parent's signature Date