

non-emergency medical or dental care, education, or major recreational activities.

Before such a change is made, the parents will discuss the matter, and both parents must agree.

CHILD #1	CHILD #2	CHILD #3
Name:	Chandon Warner	Warner
Date of Birth:	10/27/12	02/08/17
Religion:	CD2	CD2
Doctor:	Dr. [unclear]	Dr. [unclear]
Dentist:	[unclear]	[unclear]
Child Care Provider:	None	None
School:	Country Club Elementary School	Country Club Elementary School
Major Recreational Activities:	Soccer	Soccer
Other:		

With regard to each child just listed, please indicate the following, specify the child's name:

Special Needs of each child such as learning disabilities, medical problems (like diabetes, epilepsy, heart problems, etc.), physical disabilities, etc.

Child 1 - Chandon Warner

ADHD medication