

Child with Special Needs Hotel Stay Preparation Form

Guest Information

Child's Name

Age

Parent/Guardian Name

Contact Number

Email Address

Hotel Stay Details

Check-in Date

Check-out Date

Number of Guests

Room Type

Child's Special Needs

Diagnosis / Condition

Accessibility Requirements

Medications / Therapy Needs

Dietary Restrictions

Behavioral or Sensory Considerations

Preferences & Requests

Preferred Room Location or Layout

Items to Prepare in Room (e.g., extra towels, fridge for medication, etc.)

Additional Notes / Requests