

SAINT MARY RELIGIOUS EDUCATION  
MEDICAL REPORT/2009-2010

**Please complete one form per child. A copy of this form will be given to your child's teacher/catechist.**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Father's Number: \_\_\_\_\_ Mother's Number: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

In case of emergency and we are unable to reach you, do you wish another person to be contacted?  
If so, indicate name, relationship and phone number:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Please complete the following:

Does your child have any allergies? Yes No Please explain: \_\_\_\_\_

Does your child have ADD/ADHD/AUTISM/DOWNS or any learning disabilities?  
Yes No Please Explain: \_\_\_\_\_

Is your child presently under Doctor's care? Yes No Reason: \_\_\_\_\_

Is your child presently on medication? Yes No Name of Prescription: \_\_\_\_\_  
Reason: \_\_\_\_\_

Does your child need preferential seating due to vision or hearing difficulties? Yes No  
Explain: \_\_\_\_\_

Is there any other matter you would like brought to the attention of the Director and/or your child's teacher/catechist? Yes No Please call me about this matter! \_\_\_\_\_

Due to the HIPAA Law; I understand the Religious Education Staff and Catechist will see this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_