

SAINT MARY RELIGIOUS EDUCATION
MEDICAL REPORT/2011-2012

Please complete one form per child.

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 _____