

Interparish Religious Education Program

School Medical Information Data Sheet

Date _____

Student Name: _____

Address: _____

Home Phone #: _____

Person(s) with whom the child resides: _____

School Grade: _____

Religion Class: _____

The following information is needed to best serve your child:

(If there are no comments to be made, please indicate by writing "N/A" next to each item)

Medical Information

Medication: _____

Allergies: _____

Sensitivities to food:

Learning Needs: _____

Physical Disabilities: _____

Parents' Comments: _____
