

ST. PAUL OFFICE OF RELIGIOUS EDUCATION
Confidential Medical Information

The information provided below will be kept in your child's file and shared only with your child's catechists and staff of the Religious Education office.

FAMILY NAME: _____

Child's Name: _____ Family Home Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Alternate Emergency Contact Name and Phone Number(s):

PARENT/FAMILY CONTACT EMAIL ADDRESS: _____



1. Does your child have any allergies (food or medication)?

2. Does your child have an epi-pen?
 - a. If yes, can they self administer if such time arises?

3. Does your child have any health concerns/take any medications that we should be aware of?
(Reminder: we do not have a nurse on duty, and can only dispense Band-Aids)

4. Can your child participate in all activities physical and social?

5. Has your child been diagnosed with ADD/ADHD?

6. Does your child have an IEP (Individual Education Plan)?

7. Does your child participate in a Special Education Program at their school?

8. Is there anything else you would like us to know about your child?

I have read and answered all of the above questions. If any of this information changes, I will submit this information in writing to the St. Paul Office of Religious Education.

Parent Signature: _____ Date: _____