



**MEDICAL INFORMATION 07/08**

Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Are there any medical conditions of which we should be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate in space provided below:

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Please list medications taken on a regular basis: \_\_\_\_\_

Please list allergies: (students with Peanut Allergies will be required to supply office with an epi pen)

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**PARENT'S AUTHORIZATION**

In the event I/we cannot be reached in an emergency, I give permission to the Religious School Principal to obtain any/all appropriate medical treatment as may be deemed necessary for the welfare of the child named above.

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