

Saint Anne and Saint Charles Religious Education Program Medical Form 2017- 2018

Student's Name: _____ **Grade** _____

1. Does he/she have a learning disability? yes _____ no _____

If so, please explain nature of the disability.

2. Does your child need additional educational/behavior assistance at school? (for example, Reading or Resource Room assistance) yes _____ no _____

Please specify _____

3. Is he/she under medical attention? yes _____ no _____

If so, please explain the medical problem.

4. Is your child on any medication? If so, please list:

List any allergies that we should be concerned with:

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2. Does your child need additional educational/behavior assistance at school? (for example, Reading or Resource Room assistance) yes _____ no _____

Please specify _____

3. Is he/she under medical attention? yes _____ no _____

If so, please explain the medical problem.

5. Is your child on any medication? If so, please list:

List any allergies that we should be concerned with:

(Parent or Guardian's Signature)

(Date)

PLEASE ADD ADDITIONAL SHEETS IF NEEDED. ONE REQUIRED FOR EACH STUDENT.