

St. Joan of Arc VBC
Confidential Health Form
2017

Please fill out **one form for each child** you are registering.
Additional information may be added on the back.

Child's Full Name _____

Date of Birth _____

Grade in Fall 2017 _____

Current Medications (name, dosage, reason)

Allergies (food, medicines, environmental, etc.)

Medical History (asthma, ADD/ADHD, hearing, etc.)

Any other issues affecting this child's attendance/performance at VBC that we should know?

Parent Signature

Date