

**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)**

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**Allergies (food, medicines, environmental, etc.)**

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

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

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**Parent Signature**

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**Date**