

St. Joan of Arc PSR
Confidential Health Form
2017-2018

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 _____

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 in school that the teacher should know?

Parent Signature

Date