



**Parish School of Religion**  
 Saint Mary of the Assumption  
 132 South High Street  
 Lancaster, Ohio 43130  
[www.stmarylancaster.org](http://www.stmarylancaster.org)

**Confidential Medical Form**  
 2010 - 2011

Child's Full Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Current Medications: (name, dosage, reason) \_\_\_\_\_

Allergies (food, medicines, etc.) \_\_\_\_\_

Medical History: Has this child had any of the following? Check all that apply. Provide details in spaces below.

- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Frequent Ear Infections
- \_\_\_\_\_ Hearing difficulty
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Eczema, hives or other skin conditions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Vision problems
- \_\_\_\_\_ Severe headaches or migraines

- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Recurrent strep throat
- \_\_\_\_\_ Seizure or convulsions
- \_\_\_\_\_ Heart problems
- \_\_\_\_\_ Learning Disability
- \_\_\_\_\_ Developmental Delay
- \_\_\_\_\_ ADD/AHD
- \_\_\_\_\_ Others

Hospitalizations—reason and approximate date \_\_\_\_\_

Operations—please specify \_\_\_\_\_

Serious Illness or Injury—please specify \_\_\_\_\_

Any other issues affecting this child's attendance/performance in school that the teacher should know?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature