



Parish School of Religion
 Saint Mary of the Assumption
 132 South High Street
 Lancaster, Ohio 43130
www.stmarylancaster.org

Confidential Medical Form
 2009-2010

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