

St. James Religious Education Program 2010-2011 Health Form

**TO BE COMPLETED ANNUALLY FOR EACH CHILD
AND RETURNED WITH REGISTRATION FORMS**

Child's Name _____

Address _____

City, Zip Code _____

Phone with area code _____ Birth Date _____ Grade _____

Father's Name _____ Phone/area code _____

Mother's Name _____ Phone/areacode _____

Neighbors/Relative to contact in case of emergency:

1. Name _____ Phone/area code _____

2. Name _____ Phone/area code _____

PARENT PERMISSION TO PROVIDE EMERGENCY PHYSICIAN AND HOSPITAL TREATMENT:

If neither parent can be reached, you may have my permission to call Dr. _____ at (____) _____. If unable to contact parents or family physician, you have my permission to transport my child to the nearest medical facility or Palos Community Hospital. We agree to assume all responsibility and expenses, including transportation, incurred by the handling of this emergency case.

YES _____ NO _____

DATE _____ Parent's Signature _____

CURRENT HEALTH STATUS

Check any that apply. Give explanation if necessary.

Allergies _____ Type of allergy _____

Asthma _____

Diabetes _____

Epilepsy/Seizure Disorder _____

Headaches _____

Heart Condition _____

Orthopedic/Physical Limitations _____

Dental Problems _____ Wears braces? _____

Digestive Problems _____

Hearing Problems _____ Type of problem _____

Wears Glasses? _____ Wears contacts? _____

Takes medication? _____ Type of medication _____

Reason for Medication _____

Recent serious illness, injury or other health problem: _____

Any other problems we should be aware of: _____

All above information is current and correct:

Parent's Signature _____ Date _____