



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

Confidential Medical Form
2018 - 2019

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 | _____ Hay fever |
| _____ Frequent Ear Infections | _____ Recurrent strep throat |
| _____ Hearing difficulty | _____ Seizure or convulsions |
| _____ Asthma | _____ Heart problems |
| _____ Eczema, hives or other skin conditions | _____ Learning Disability |
| _____ Diabetes | _____ Developmental Delay |
| _____ Vision problems | _____ ADD/AHD |
| _____ Severe headaches or migraines | _____ 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