

Congregation Shir Shalom Religious School

2016 – 2017

HEALTH FORM

This information will be seen only by the Religious School Director, office personnel, and appropriate teacher(s).

Student's Name _____ Home Phone No. _____

Pediatrician Name and Address _____ Phone No. _____

Parent/Guardian Name(s) _____

Cell Phone Number(s) _____

If parents are not available in an emergency, please notify: _____

Relationship _____ Home Phone _____ Cell Phone _____

Does your child receive any special services or have an IEP at his/her day school? Yes No (circle)

If yes, please explain _____

Does your child need any program modifications in his/her public/private school? Yes No (circle)

If yes, please explain _____

Please describe any family or extenuating situations that may affect your child's attendance and/or anything that we should know about your child.

Does your child have any dietary restrictions/allergies? Drug allergies? _____

Date of last Tetanus shot: _____

Is your child currently on medication? Yes No (circle)

If yes, name of medication _____

Dosage _____ How often/when _____

Will your child need to bring and/or take any medication while at Religious School? Yes No (circle)

If yes, please explain _____

(For any child needing medication or special medical considerations on a regular basis while at Religious School, we will need a note of explanation from the child's physician in the office so that we can meet your child's needs.)

The above information is correct to the best of my knowledge and I give my child permission to engage in all activities. I hereby authorize the contacting of a physician and/or the providing of other necessary medical services at my expense should an emergency arise.

_____ Date _____

Parent/Guardian Signature