



Our Lady of Peace
CHURCH

FAITH FORMATION HEALTH INFORMATION KINDERGARTEN THROUGH GRADE 10

Office use only
Posted ()

If necessary, please detail any special information or health problems regarding each student registering. This would include physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.) or special circumstances at home or school. This information will be kept confidential; it is for Faith Formation use only.

Student's name _____ **Date** _____

Describe any physical needs that impact learning: _____

Please list allergies: _____

Please list medications taken regularly: _____

Other information the Catechist should be aware of _____

Student's name _____

Describe any physical needs that impact learning: _____

Please list allergies: _____

Please list medications taken regularly: _____

Other information the Catechist should be aware of _____

Student's name _____

Describe any physical needs that impact learning: _____

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