

3. Insurance Information

Health Insurance: _____ Identification Number: _____

Policy Number: _____ Group ID Number: _____

Name of Policy Holder: _____

Family Doctor: _____ Phone Number: _____

4. Health, Medical, and Special Needs (Educational) Information

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist as determined by the staff of the Faith Formation Department.
If more space is needed, please attach a sheet to this form.

Name of Child #1 _____

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

C. List any Medications the child is currently taking:

D. List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.):

Name of Child #2 _____

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

C. List any Medications the child is currently taking:

D. List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.):

Name of Child #3 _____

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

C. List any Medications the child is currently taking:

D. List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.):