

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Phone _____

Relationship to Student _____ Phone _____

Alt. Emergency Contact Name _____ Phone _____

Relationship to Student _____ Phone _____

GENERAL/MEDICAL INFORMATION

Toilet Trained: _____ YES _____ NO

Hand Dominance: _____ LEFT _____ RIGHT _____ DOES NOT DEMONSTRATE HAND DOMINANCE

List any Medical Conditions or Allergies: _____

Medication Taken: _____ Dosage: _____ Reason: _____

Medication Taken: _____ Dosage: _____ Reason: _____

A Medication Consent Form must be filled out for any medications administered at school.

Please list any other concerns, restrictions, etc.:

Shepherd of the Hills Catholic School respects the dignity of the child and his or her right to education. Shepherd of the Hills Catholic School admits students of any race, color, religion, and national ethnic origin. Membership of Shepherd of the Hills Catholic Parish is not required for attendance in a school program.

Signature _____

Date _____