

**St. Cecilia's Parish  
Faith Formation  
Student Medical Information**

**Name of Student:** \_\_\_\_\_

**Class entering in the Fall:** \_\_\_\_\_

**Any allergies?**     Yes         No

**If yes, please list:** \_\_\_\_\_

\_\_\_\_\_

**Is child on any current medication?**     Yes     No

**Please list medication** \_\_\_\_\_

**Does child have any medical or special needs?**     Yes     No

**If yes to above question, please list details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency contact name & phone #**

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Can a parent be reached during the day?**     Yes     No

**Daytime phone number:** \_\_\_\_\_