

# The Catholic Parishes of Millbury Family Faith Formation

## HEALTH / ALLERGY INFORMATION

Dear Parent/Guardian,

It is important for us to be aware of any allergies and or medical conditions that may affect your child/children while they are here at Family Faith Formation. Please take a moment to complete this form (one for each child) and return it promptly to us. Thank you!

Student's Full Name: .....

Date of Birth: .....

Grade in Fall 2015: .....

Date This Form Is Being Completed: .....

Emergency Contact Phone Number.....

Parent's Signature.....

### DESCRIPTION OF THE ALLERGY / MEDICAL CONDITIONS

Type of Allergy (Mark none if not applicable):

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Severity of the Allergy: .....Mild                      .....Moderate                      .....Severe

Does your child have an Epi-Pen? .....Yes                      .....No

Does your child have asthma? .....Yes                      .....No

Does your child use an inhaler? .....Yes                      .....No

Please describe in detail the substances to which your child is allergic: .....

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Please describe any other medical information or health issues that we should know about..

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