Family Name _____

St. Joseph Church Health & Safety Information

Please print, fill out, and return with payment

The following is of importance for us to effectively communicate with you and educate your family in the safest environment. We respect your privacy and rely on you for sharing any information, which would help our teachers better understand their student's ability to learn and address any situation more effectively. The information shared will be shared privately with their teacher.

Name of Child with specific needs and Numeric Grade
1.
2.
3.
4.
5.

Is there any unique information about your child or family members, which we should know to help in their individual education program? Please list names and explain.

_____
_____
_____

Does your child have learning challenges?

_____
_____
_____

Does anyone in your family suffer from anxiety, or emotional challenges?

_____
_____
_____

Does anyone in your family have food allergies? _____ Please explain below

Is an EpiPen needed? _____

Are there health concerns in children or adults with heart or breathing conditions? _____

If Yes to any of these concerns, please explain briefly below. Please include the name of your child in your explanation.

_____
_____
_____
_____
_____
_____

This information is personal and confidential.
Please contact, Lindsay Rodgers, Coordinator of Family Faith Formation, at 860-379-3369 x 6 or with any questions.

_____ _____ _____

Print Parent Name | Signature | Date