

# STUDENT PROFILE AND EMERGENCY MEDICAL INFORMATION

Dear Parents/Guardians,

In an effort to provide the best possible education for your child, it is important for you to answer the questions below as fully and honestly as possible. If necessary, attach a separate sheet. The information will be kept strictly confidential. The better we know your child, the better we can meet his/her individual needs. Thank you for your cooperation.

STUDENT'S NAME \_\_\_\_\_ Grade \_\_\_\_\_

## A. Student Profile

1. Is your child in any special learning environment in his/her regular public or private school? If so, please explain.
2. Does your child have any behavioral problems that the school should know about? If so, please explain.
3. Is your child's reading level below \_\_\_\_, equal to \_\_\_\_, or higher \_\_\_\_ than his/her chronological age?
4. Does any situation exist at home that the Religious School should know about? If so, please explain.
5. Is there any other relevant information about your child that you feel the Religious School should know about in order to best meet your child's needs?

## B. Emergency Medical Information

1. List any medication regularly taken \_\_\_\_\_  
\_\_\_\_\_
2. List anything student is allergic to: \_\_\_\_\_  
\_\_\_\_\_
3. Special physical or medical problem(s): \_\_\_\_\_  
\_\_\_\_\_
4. Health Insurance Information  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**C. Emergency Contact Information** - Please list Name, Relationship, and Phone Number of three people we may contact in the event of an emergency when you cannot be reached:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In case of accident or injury, we will seek medical care at your expense and notify you at the earliest possible moment. It is understood that this permission is effective as long as this child is enrolled in school.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_