

Last Name _____

Please answer the following questions in order to insure a safe and productive learning environment:

1. Do any of your children have a medical condition and/or severe allergy that we should know about? **YES/NO**
If "yes", list condition/allergy here: _____ Does this require an EpiPen? **YES/NO**
If "yes" a completed **Medical Information Form** must be submitted for your child.

2. Please let us know if your child has been diagnosed with any of the following:

ADD ___ **ADHD** ___ **AIS** ___ **ASD** ___ **Down Syndrome** ___ **OTHER** _____

If so, which Child? Name _____

Does your child require any of the following services: (Check all appropriate)

Vision Services ___ **ESL** ___ **Occupational Therapy (OT)** ___

Hearing Services ___ **Physical Therapy (PT)** ___

Other (list type) _____

3. Are there any special family situations of which we need to be aware? **YES / NO** If yes, please explain.

4. **SPECIAL QUESTION FOR ALL LEVEL 6, 7 AND 8 STUDENTS: Tell us about yourself. What are your interests/hobbies: Music/Dance/Acting/Writing _____; Clubs _____; Sports _____; Other interests/Hobbies: _____**

If more than one student, please let us know below, by name, your interests/hobbies. Thanks!!!

Photo/Video Permission and Release Form

I hereby grant permission, without reservation, to the Saint Dominic Religious Formation Program, and to those authorized by the Saint Dominic Religious Formation Program, to take photographs and make recordings of my children named below, and to use them in original or modified form in the parish bulletin, solely for the promotion, public education and/or informational purposed of the Saint Dominic Religious Formation Program.

I understand and agree that I am entitled to receive no compensation for the above.

I further agree that the Saint Dominic Religious Formation Program will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor/minors named below, and I hereby consent to the forgoing on behalf of the minor(s) and myself.

Name of Child/Children: _____ My Name: _____

My Signature: _____ Date: _____

If you do **NOT** give your permission, please sign here _____

St. Dominic Religious Formation

Medical Information Sheet for 2019-2020

(Please complete as applicable)

Date: _____

To Whom It May Concern:

My Child: _____ Grade Level: _____

Has the following severe allergy (allergies) that we need to know about:

Has the following medical condition/concern: _____

Does my child's teacher need to know this information? yes_____ no_____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____