St. Joseph Church Health & Safety Information

Personal & Confidential Information

Name of Family

Anita Panagakos, Faith Formation Coordinator 860-379-3369 <u>apanagakos@stjoseph-winsted.org</u>

Name of Family	Names of Parents
Name of Child and Numeric Grade	
1.	
2.	
3.	
4.	
5.	
Health and Safety	
your family in the safest environme sharing any information, which wo	s to effectively communicate with you and educate int. We respect your privacy and rely on you for buld help our teachers better understand their mation shared will be shared privately with their
Is there any unique information about know?	your child or family members, which we should
Does your child have learning challen	ges?
Does anyone in your family suffer from	n anxiety, or emotional challenges?
Does anyone in your family have food	I allergies? Are epipens needed?

1 Revised 7/26/2021

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Are there health concerns in children or adults with heart or breathing conditions?
This information will help us better understand the individual in the family, and we will be able to address any situation more effectively.
If Yes to any of these concerns please explain briefly below. Please include the name of your child in your explanation. Please use back of paper if needed.
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2 Revised 7/26/2021