

Name of Family

St. Joseph Church Health & Safety Information

Names of Parents

Please print, fill out, and return

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 and Numeric Grade	
1.	
2.	
3.	
4.	
5.	
Is there any unique information about your child or family members	ers, which we should know?
Does your child have learning challenges?	
Does anyone in your family suffer from anxiety, or emotional cha	allenges?



St. Joseph Church Health & Safety Information

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.