

Sacred Heart of Jesus Parish School

115 Washington St., Bath, PA 18014
(610) 837-6391 -- Fax (610) 837-2469

Dear Parents,

Throughout the year, our classes participate in various **field trips**. In order to simplify the release and consent form, we ask that you kindly complete one medical information form, for each child (K through grade 8), per year. This form will be kept on file and accompany the teachers on all field trips throughout this school year. Thank you for your cooperation.

Mrs. Donna M. Blaszk
Principal

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MEDICAL INFORMATION (please print)

CHILD: _____

GRADE: _____

My child is allergic to _____

My child takes the following medication (indicate dosage, frequency, etc.) _____

You should be aware of these special medical conditions of my child: _____

Insurance Carrier Name _____ Contract/Group # _____

Individual Agreement # _____ Last tetanus booster _____

In case of emergency notify _____

Relationship to youth _____ Phone No. _____

(parent or guardian signature)

(date)

PLEASE RETURN COMPLETED FORM BY Thursday, September 1st.