

One paper must be returned for each child. School Year 2009-2010

**Our Lady of Good Counsel School
23 West Prospect Street
MOORESTOWN, New Jersey 08057**

Dear Parents,

At the beginning of the school year we would like to bring addresses and phone numbers and medical information up to date. Please help us by filling out this form completely.

Child's
Name: _____ **Address** _____

Phone Number _____ **Grade** _____

Father's Work Phone _____ **Mother's Work Phone** _____

Person who will pick up child if we cannot reach a parent.

Has your child received any immunizations during the past school year? Or over the summer?
Attach official school/childcare records or physician's certificate/letterhead/stationery/ or prescription pad with immunization information.

Has your child in the past school year had any serious illness, contagious disease, serious injury or operations. Please specify and **give dates.**

Does your child have asthma Yes ___ No ___ If yes do they use an Inhaler? Yes ___ No ___
Please list Asthma Medication.

Does your child have any food or drug allergies? Yes ___ No ___ :
If Yes please specify and treatment.

Glasses/Contacts - Instructions/Limitations:

Child's Doctor _____ **Phone Number** _____

Daily or when needed Medication at Home _____

I give permission for my child to be transported to an emergency room if the need arises.

Parent Signature _____ **Date** _____