



# GEIBEL CATHOLIC JUNIOR-SENIOR HIGH SCHOOL

CONNELLSVILLE ❖ PENNSYLVANIA

## GEIBEL CATHOLIC JUNIOR-SENIOR HIGH SCHOOL STUDENT MEDICAL INFORMATION

Dear Parents,

The information requested on this form is very important in determining the health status of your child and assisting him or her to receive the maximum benefits from his or her educational program. It is also extremely important that we have this information in the event of a student health emergency.

Please identify any illness or health concerns your family doctor has diagnosed. If your child's physical activities are to be limited, please submit a written statement from your doctor describing the limitations. It will only be shared with staff members who need to have this information.

Please complete this form even if your child does not suffer from any serious medical conditions.

Child's Name \_\_\_\_\_ Student Grade Level \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Emergency Contact (neighbors, grandparents, etc.)

Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Student illness, health issues, medications or other concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_