**St. Joan of Arc Faith Formation**

Confidential Health Form 2024-25

Please fill out **one form for each child** you are registering.

Click on each box to fill – save – and return by email to: officeoffaithformation@stjoanofarc.org

# Child’s Full Name

# Date of Birth Grade in Fall 2025

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Allergies: food, medicines, environmental, etc.)**

**(Current Medications: name, dosage, reason.)**

**(Medical History: asthma, ADD/ADHD, hearing, etc.)**

(Any other concerns affecting this child’s attendance/performance at PSR that we should know?)

Parent Signature Date