

TEMPLE BETH AVODAH RELIGIOUS SCHOOL
Medical Information Form 2007 - 2008

Please provide us with the following information so we can do our utmost to provide a safe and appropriate learning environment for your child. If this information changes over the summer or during the course of the school year, please notify us. If you would like to discuss any information on this form in more detail, please contact our Education Director to arrange a confidential meeting. Thank you in advance for providing this important information.

Child's Name: _____

1) Medical:

A. Are there any medical issues about which we should be aware (i.e. allergies, activity restrictions)? Are there any specific procedures that should be followed regarding these issues?

Does your child's allergy require the use of an EpiPen? Yes No (circle one)
If yes, please be sure you supply the school with one for your child.

B. Does your child take any medications on an ongoing or regular basis? If so, please explain and provide any information that would be important for us to know regarding the medication and/or the condition for which the medication is prescribed (including side effects).

* Please note: If medication is taken to optimize the child's learning or attention, it is encouraged that the same medication be given to make the Religious School experience as rewarding as possible.

2) Educational:

A. Does your child receive any specific academic support to optimize his/her learning experience?

B. Please list your child's educational strengths and weaknesses.

3) Social/Emotional:

Are there any social/emotional matters about which the staff or Educational Director should know to help make your child's experience in our religious school successful?
