



ACADEMY

**After School Program
Health History Information**



Accredited by the
NEAS&C

920 Trapelo Road, Waltham, MA 02452

Tel: 781-899-0353 Fax: 781-891-8734 www.ourladyacademy.org

Student's Name _____

First Parent/Guardian To Contact In Case Of Emergency _____

Phone #1 _____ Phone #2 _____

Second Parent/Guardian To Contact In Case Of Emergency _____

Phone #1 _____ Phone #2 _____

The information below is confidential and will be used only in case of emergency.

Child's Physician's Name _____ Physician's Phone # _____

Physician's Address _____

List any medication(s) your child takes regularly (medications cannot be dispensed by the Our Lady's Academy staff during the After School Program).

Medication _____ Dosage _____

Medication _____ Dosage _____

List any allergies your child has:

Please list any condition or disease your child has and treatment/medicine needed:

Does your child need extra help or attention in any area? Yes _____ No _____

If yes, please explain _____

In case of an emergency and the primary contacts above cannot be reached, please call:

Name _____ Relation to Student _____ Phone # _____

Name _____ Relation to Student _____ Phone # _____

Name _____ Relation to Student _____ Phone # _____

OUR LADY COMFORTER OF THE AFFLICTED PARISH

