

HEALTH INFORMATION

This information will be used only when needed

Child's name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Emergency numbers \_\_\_\_\_

Emergency contact \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Anything that you feel is relevant for teachers to know about your child

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Signed: \_\_\_\_\_

Volunteers

Please consider helping in this program..

Catechist \_\_\_\_\_

Whatever \_\_\_\_\_

Assist Catechist \_\_\_\_\_

Assist with special projects \_\_\_\_\_

*The Diocese of Madison requires anyone working closely with our children to be certified in the Virtus program "Protecting God's Children", this requires a background check, other training materials and a video class.*