

**MONTINI CATHOLIC SCHOOL
MEDICAL INFORMATION SHEET (2016-2017)**

It is very important for us to be aware of any injury, illness, or operation that your child has/had that may affect his/her performance in class. (Allergies, Asthma, reoccurring injury, etc.)

We are only considering the health and safety of your child by requiring this information.

Please fill out the following information completely and accurately:

Child's name _____ Grade _____

_____ My child does not have any known physical problems or illnesses that will prevent or hinder participation.

_____ My child has/had the following medical condition, injury or operation. Please list with dates, medication and concerns.

I hereby authorize my child to participate fully during physical education, recess, and any other event sponsored by Montini Catholic School.

I further release Montini Catholic School from any and all responsibility if my child should experience any type of medical difficulty as a result of his/her participation in the aforementioned activities.

Parent signature

Date

No other medical clearance/release will be required except for accident, injury, or illness diagnosed or incurred during the school year that results in restricted activity.