



ST. CHARLES BORROMEIO CATHOLIC SCHOOL

St. Charles After Care Allergen and Health Form

PLEASE PRINT

Date _____

Child's Name _____ Grade _____

Parent/Guardian _____

Cell # _____ work # _____

Relationship to child _____

Parent/Guardian _____

Cell # _____ work # _____

Relationship to child _____

Describe your child's allergy or health needs _____

List what triggers your child's allergy _____

What are the symptoms of your child's allergy _____

Steps or procedures for responding to your child's allergy or medical needs _____

Is Medication needed during aftercare hours _____

Please list any other information regarding your child that would be helpful to the Aftercare Staff.

Parent/Guardian Signature _____