

**CONFIDENTIAL**

***Saint Jude Religious Education***

Student Name (first & last): \_\_\_\_\_

Parent/Guardian Name (first & last): \_\_\_\_\_

*The child-specific information will be viewed by the **DRE** and shared with parent approval with the **catechist** who has the child in class.*

*Please complete one of the sections below*

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1. Does your child have any allergies?    Yes    No  
If yes, please explain
  
2. Does your child have any health conditions or disabilities?    Yes    No  
If yes, please explain
  
3. Will your child need any special accommodations in class?    Yes    No  
If yes, please explain

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OR**

I, \_\_\_\_\_, choose not to provide medical/health information about my child to Saint Jude Religious Education. Therefore, I acknowledge that this withholding of information may impact my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_