

ST MARY OF THE ASSUMPTION PARISH
212 Dayton Street
Phoenixville, PA 19460

Summer Prep

STUDENT'S NAME: _____ DOB _____

Dear PREP Parents:

To help ensure the best care for your child during the Summer, 2017 PREP Program, please answer the following questions concerning your child's health.

1. Does your child have any medical condition (diabetes, cardiac, seizures, etc.) that our staff should know about?

2. Does your child have any food allergies or food limitations that might be a concern during snack time?

3. Are there any other allergies that we should be aware of?

4. Does your child have any physical limitations?

5. If your child is taking medication, is there anything we should be aware of?

6. Are there any other health issues that you want us to know about?

PARENT'S SIGNATURE: _____ DATE: _____