

ST. WENDELIN SCHOOL STUDENT INFORMATION FORM 2020-2021
PRESCHOOL

(This form must be completed for each student enrolling, along with your \$100/child non-refundable registration fee)

NAME (LAST, FIRST MIDDLE) PLEASE PRINT	
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HAS YOUR CHILD PREVIOUSLY ATTENDED A PRESCHOOL? ☐ YES ☐ NO NAME OF PRESCHOOL _____

FOOD ALLERGIES, REACTIONS TO BEE STINGS, ETC.	

ANY OTHER INFORMATION THAT YOU FEEL WILL HELP US TO KNOW YOUR CHILD BETTER	

DOES YOUR CHILD HAVE ANY LIFE-THREATENING ALLERGIES? ☐ YES ☐ NO

IF YES, PLEASE LIST BELOW:

DOES YOUR CHILD REQUIRE LIFE-SAVING EMERGENCY MEDICATIONS FOR ALLERGIES? ☐ YES ☐ NO

IF YES, PLEASE LIST MEDICATIONS BELOW:

DOES YOUR CHILD HAVE ASTHMA? ☐ YES ☐ NO

DOES YOUR CHILD REQUIRE AN EMERGENCY INHALER? ☐ YES ☐ NO

DOES YOUR CHILD HAVE ANY OTHER SERIOUS, POTENTIALLY LIFE-THREATENING MEDICAL PROBLEMS? PLEASE LIST BELOW:

PLEASE NOTE: IF THE STUDENT REQUIRES ANY LIFE-SAVING EMERGENCY MEDICATIONS, IT IS THE RESPONSIBILITY OF THE PARENT TO CALL TO NOTIFY THE SCHOOL OFFICE BEFORE THE CHILD STARTS SCHOOL.

For your child's safety at school, Medical Information will be shared with staff as needed.

The only medications (provided by the parent) stored at the school building are for emergency life-threatening conditions (e.g. EPI-PEN or RESCUE INHALER). Any other medication (prescribed by a physician) that a student needs to take during the school day must be brought in and administered by a parent or guardian.

PRINTED PARENT/GUARDIAN NAME	
SIGNATURE OF PARENT/GUARDIAN	