

**St. Theresa Catholic Church Religious Education**  
**Student Health Information**

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies/Health Conditions: Check if any of the following conditions apply to the student.

- |                                     |                                   |                                      |
|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Latex    | <input type="checkbox"/> Antiseptics |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Hay Fever  | <input type="checkbox"/> Seizures | <input type="checkbox"/> Fainting    |
| <input type="checkbox"/> Other      |                                   |                                      |

If you checked other please list the allergy/condition below:

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Special Dietary Needs/ Food Allergies:     Yes     No

If you checked yes, please list the allergies/special diet below:

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