



**Congregation Shaarey Tefilla Religious School—2016-2017 Registration
Medical Information**

Please use ONE form PER FAMILY

STUDENT 1 INFORMATION

DATE: _____

1.
Student Name _____ Birth Date _____ Grade _____

Any specific medical problems (i.e. migraines, asthma, diabetic seizures, etc.)

Allergies, including food, medications & insect stings

Instructions:

STUDENT 2 INFORMATION

DATE: _____

2.
Student Name _____ Birth Date _____ Grade _____

Any specific medical problems (i.e. migraines, asthma, diabetic seizures, etc.)

Allergies, including food, medications & insect stings

Instructions:

STUDENT 3 INFORMATION

DATE: _____

3.

Student Name _____ Birth Date _____ Grade _____

Any specific medical problems (i.e. migraines, asthma, diabetic seizures, etc.)

Allergies, including food, medications & insect stings

Instructions:

STUDENT 4 INFORMATION

DATE: _____

4.

Student Name _____ Birth Date _____ Grade _____

Any specific medical problems (i.e. migraines, asthma, diabetic seizures, etc.)

Allergies, including food, medications & insect stings

Instructions:
