



ST. JEROME
CATHOLIC SCHOOL

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Special Needs and Medical Information Disclosure form 2018 – 2019
ALL INFORMATION IS HELD IN STRICTEST CONFIDENCE

We at St. Jerome Catholic School enter into partnership with you, the Parent/Guardian of _____
(Student's Name)

to provide the best education for your child. To be successful in this task it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional, and educational history which may affect the learning environment or the educational progress of the child be disclosed. Failures to provide this information may prohibit the staff and faculty of St. Jerome Catholic School from meeting the individual needs of your child, and consequently, present reason to request that your child not continue at this school.

Does your child have a medical need, including an allergy?			Yes	No
If yes, please describe				
Name of medication	Dosage given	Is the medication given at home or at school?		

Has your child been referred and/or tested for any special concerns - academic, attention deficit, learning or behavioral challenge or other?			Yes	No
If yes, please describe				
Name of medication	Dosage given	Is the medication given at home or at school?		

Has your child needed medication for emotional health in order to function in a school setting?			Yes	No
If yes, please describe				
Name of medication	Dosage given	Is the medication given at home or at school?		

Has your child had special services provided?			Yes	No
If yes, please describe				
Test results will be placed in a confidential student file in the school office.				

St. Jerome Catholic School admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.