

**St. Bernard and St. Stanislaus Parish
Religious Education
Medical, Learning Disabilities, Physical
Disabilities and Allergies Form
2018-2019**

Level_____

My child_____, has the following:

Level_____

My child_____, has the following:

Level_____

My child_____, has the following:

Level_____

My child_____, has the following:

***Please check this box if you have read the form and no information is necessary.**

Date_____ Parents Signature_____

Telephone:_____

Cell:_____