

Step-Parent's (Guardian) Name: _____ SSN: _____
 Address: (omit if same as pupil): _____ Home phone: _____
 _____ Cell phone: _____

Is step parent permitted to receive school information? _____ Yes _____ No

Place of business: _____ Business phone: _____
 Position: _____ Alumnus of Our Lady of Peace? _____ Yes _____ No

Number of:
 Brothers & ages: _____ older - age/s _____ Sisters & ages: _____ older - age/s _____
 _____ younger - age/s _____ _____ younger - age/s _____

School/s attending (if applicable): _____

III. MEDICAL HISTORY OF CHILD

Pupil's name: _____ Family doctor: _____ Phone _____
 Family dentist: _____ Phone _____

Diseases:

	Yes	No
Chickenpox	_____	_____
Diabetes	_____	_____
Diphtheria	_____	_____
Epilepsy	_____	_____
Measles	_____	_____
9 day Rubeola	_____	_____
3 day Rubeola	_____	_____
Pneumonia	_____	_____
Polio	_____	_____
Rheumatic Fever	_____	_____
Scarlet Fever	_____	_____
Tonsillitis	_____	_____
Tuberculosis	_____	_____
Typhoid	_____	_____
Whooping Cough	_____	_____

Subject to:

	Yes	No
Allergies	_____	_____
Asthma	_____	_____
Earache	_____	_____
Frequent colds	_____	_____
Nausea	_____	_____
Nose bleeds	_____	_____
Skin rash	_____	_____

Allergic to: _____

Please list any ongoing medication prescribed for pupil: _____

List any physical conditions (speech defect, impaired hearing, deformities, poor eyesight, bad teeth, kidney or heart trouble): _____

Has the pupil lived in the same home with a case of tuberculosis? _____ Yes _____ No

Has the pupil had any operations? (kind, age): _____

Please look over this form and make sure you have completed all sections. Thank you!