

**The Catholic Community of  
ST. JOHN THE EVANGELIST & BLESSED SACRAMENT  
ALLERGY/SPECIAL NEEDS FORM**

(Fill out this form ONLY if it is relevant for your child. One form per child, please.)

If your child has special needs (i.e., food allergies, medical conditions, learning disabilities, recent death in the family, separation, divorce, etc.), please complete and return to the P.R.E.P. office as soon as possible.

Date: \_\_\_\_\_

**Child's name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

<p>P.R.E.P./EDGE Class Information: _____ / _____ / _____ <small>grade day time</small></p>
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Medical conditions or allergies (Please explain):

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So that we may be sensitive to the needs and situations of each child, please tell us anything else about your child you feel we should know (i.e., difficulty in reading, recent death in family, divorce, etc.):

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THIS INFORMATION WILL REMAIN CONFIDENTIAL