

**St. Paul Mid-Week IMPACT!**  
Health Information - 2013/14

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Medical Information / Allergies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please return this completed form to Mid-week IMPACT**

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