



Saint Rose of Lima Catholic Church Personal Profile

Student Name: _____

Grade: _____ Date of Birth: _____

Emergency Contact Information:

Parent/Guardian Names: _____

1st Phone #: _____ 2nd Phone #: _____

Preferred Email: _____

Please check all that apply: Physical Emotional

If **physical**, please describe: (*including but not limited to asthma, seizures, diabetes, food allergies, other allergies, cardiac malfunction, etc.*): _____

Describe symptoms we should watch for: _____

If these symptoms occur, what steps should be taken? _____

If **emotional**, please describe: (*including but not limited to: Autism Spectrum Disorder, Emotional/Behavior Disorder, Attention Deficit Hyperactivity Disorder, Manic Depression, Attention Deficit Disorder, Developmental Disability, other diagnosed mental health conditions, etc.*): _____

Describe the symptoms we should watch for: _____

If these symptoms occur, what steps should be taken? _____

Parent/Guardian Signature

Date