

HOLY NAME SCHOOL
850 PEARCE STREET
FALL RIVER MASSACHUSETTS 02720
PHONE: (508) 674-9131
FAX: (508) 679-0571

Holy Name School faculty feels it is important to know of students who have allergies, asthma, bee sting reactions, etc. For that reason, we want to make available to teachers and extended care staff a list of those with such a condition.

If you indicated on the school emergency form that your child has such a condition, please sign below indicating your permission for teachers to be aware of this in order that we may care for your child.

Student's Name _____ Grade _____

I hereby give the faculty of Holy Name School my permission to know of my child's
medical condition. _____

Parent Signature

Date