

**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.

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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