All Saints Catholic School
2700 N. Kentucky, Roswell, N.M. 88201
575-627-5744, www.allsaintsroswell.com

Student Health Form
2026-2027

Student's Name: _____

If your child has any allergies or other medical conditions, please list. If none, state none.

_____

Emergency Contacts: Two family relatives or friends who can be contacted.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Name of family doctor or medical facility to call in emergency:

Doctor or Facility: _____ Address: _____ Phone: _____

I give my permission for emergency medical transportation or treatment: Yes _____ No _____

Hospital Preference: _____

Parent's Signature: _____Date: _____

MUST PROVIDE CURRENT IMMUNIZATION RECORDS BY FIRST DAY OF SCHOOL