



THE TEMPLE
CONGREGATION ACHDUTH VESHOLOM

Paula Jayne Winnig, Interim Rabbi
Richard B. Safran, Rabbi Emeritus

Health Information Card

Student's Full English Name: _____

Student's Hebrew Name: _____

Parent's Hebrew Name: _____

Birth date (mo/day/yr): _____

Name of Public School & Grade _____

List specific health or behavioral problems we should be aware of: (i.e. asthma, hyperactivity, allergies (food, bee, ...) Please explain treatment/medications, etc. Use back of card if needed.
