

STUDENT MEDICAL CONDITION

The School Health Office would like to have a current list of all students that take medications regularly, might require medications in an emergency situation, or have a medical condition of which the school administration and health office should be aware. Also, please indicate any food, drug or environmental allergies your child may have and/or any physical limitation. Additional forms are available.

Child Name _____ Grade _____

Medical Information: _____

Child Name _____ Grade _____

Medical Information: _____

Physician Name _____ Phone _____

Parent Signature

Date