MEDICAL INFORMATION

STUDENT: _____ **CLASS**: ☐ MWF ☐ TH

Does this student have any known allergies? (foods, insects, pets, medication, seasonal, environmental?) ☐ Y ☐ N

List allergy and reactions: _____

Does it require emergency treatment or emergency medication? ☐Y ☐ N

List medication:_____

If yes will there be emergency medication provided for the school: ☐Y ☐ N

List directions to adminster: _____

Has the student ever had or currently have any health problems or medical conditions? ☐Y ☐ N

If so please describe:_____

Is there any mental, emotional, or physical condition the school should know about? ☐Y ☐ N

If so please describe:_____

Does your child receive any special services such as speech or occupational therapy, or have any learning difficulties? ☐Y ☐ N

If so please describe:_____

I, _____, give permission for the information in this packet to be shared only with appropriate school personnel as needed.

Parent/Guardian signature:_____ Date: _____

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