

Medical Information

If your child **does not** have a medical condition, please complete **sections A and C** of this form and return it to your child's school office.

If your child **does** have a medical condition, please complete **sections A, B and C** of this form and return it to your child's school office.

Section A

Child's name: _____

My child does / does not have a medical condition **{please delete as appropriate}**.

Section B

Medical condition(s): _____

Symptoms: _____

Triggers: _____

Medication: _____

Additional information: _____

Section C

Signed: _____

Date: _____

Section D

Change(s) to medical condition reported to school: _____

Signed: _____

Date: _____

Notice for Parents:

Confidentiality: For reasons of safety and rapid access, this form may be kept in a folder in your child's classroom and in medical needs files. It will not be kept in a locked file.

Review: If the information on this form changes, it is the responsibility of parents to inform the school of these changes. A note of the changes will be recorded in section D.