

## 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.