

## Medical Condition/Allergies/and Medication Information Form

Dear Parents:

It is important that your child's teachers know about any special medical conditions, allergies, and/or medication information so that we can do the very best job to accommodate situations as they arise. That not only applies to your child's homeroom teacher, but for any subject or specialty teachers as well. Be assured that this information is confidential and will only be shared among faculty to ensure the safety and well-being of your child. Please assist us by filling out the information below and returning it to your child's homeroom teacher as soon as possible. **Please, one form per child.**

Student name: \_\_\_\_\_ Grade/Homeroom: \_\_\_\_\_

My child has the following allergies (please check all that apply):

Bee stings

Ant bites

Outdoor allergies

Please specify: \_\_\_\_\_

Food allergies

Please specify: \_\_\_\_\_

Other

Please specify: \_\_\_\_\_

In case of an allergic reaction, please follow these procedures:

\_\_\_\_\_  
\_\_\_\_\_

My child has the following medical conditions (please check all that apply):

Diabetes

ADHD

Asthma

Heart

Hearing impaired

Visual difficulties

Other

Please specify: \_\_\_\_\_

Please tell us anything else that might assist us in accommodating your child and providing the best education experience possible:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature