



Western Albemarle High School

5941 Rockfish Gap Turnpike

Crozet, Virginia 22932

434-823-8700

STUDENT MEDICAL INFORMATION

TO: Parents/Guardians: If applicable to your child, please complete and return this form immediately.

STUDENT'S NAME: First M.I. Last

DATE OF BIRTH:

GRADE: HOMEROOM: If applicable

If you note any major health conditions and/or listed medications, please include medical procedures, if any apply.

Medical Conditions

Choose all that apply:

- Asthma
Diabetes
Heart Problems
Seizure Disorders
Other Specify:

My child is currently taking medication(s) at school on a regular basis

Yes. Please complete and return the Parent's Request for Giving Medication at School. This form can be found on the School Web page under Parent information or obtained from the WAHS school nurse.

No

Non-Food Allergies:

Blank lines for Non-Food Allergies

Special Dietary Needs and/or Allergies:

Blank lines for Special Dietary Needs and/or Allergies

Anaphylaxis

Yes No checkboxes for Anaphylaxis

Medical Procedures: