



Medical Update Form

Please complete and return this form **ONLY** if the information below applies to your child.
(Please print all information)

Student's Name _____

Grade _____ **School Year** _____

List any medical conditions or impairments (i.e., diabetes, allergies, asthma, seizure disorder, psychological/emotional, etc.).

List all medications and/or procedures that need to be administered during the school day. A Medication Form will be required for each medication (both prescription and over the counter) or treatment a student will be receiving during the school day. See the website for all medical forms.

List all current medications and dosages given at home:

To adequately protect your child's well being this information will only be shared with the individuals who work directly with your child or school staff that are part of your child's learning community.

Signature of Parent or Guardian _____ **Date:** _____