DEPARTMENT OF SCHOOL HEALTH SERVICES
Danville Independent Schools

To the parent/guardian of:_____
Date of Birth:_____
Enrolled in Grade:_____
School:_____

Please list student's medical condition:

Describe any symptoms school staff need to be aware of that may be signs student is having difficulty:

Describe any special needs student has at school

List any medications student is currently taking:

Please list any other information the school staff should know: