

## CHILD NO LONGER HAS HEALTH CONDITION FORM

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please remove the following health condition from my student's school record:

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

An Emergency/Management Plan is not required and I understand that my child's teachers will not be notified of the condition or trained in emergency response related to this condition.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_