

2026-2027 Chronic Conditions Form

Merritt Academy desires to provide the best care for your child. The more information we have about your child's medical condition, the better we can serve your child while they are in our care. Please provide us with as much information as possible about your child's medical history and what we should watch out at school.

Child's Name: _____ Date of Birth: _____ Classroom: _____

Medical Condition/Allergen: _____

Please describe what led to the diagnosis of this condition/allergen:

What symptoms has your child experienced in the past:

What treatments has your child experienced previously:

What situations or circumstances should be avoided or concerning:

Other Information that would be helpful to know: _____

Parent Signature

Parent Name

Date