



Student: _____ Grade: _____ School Year: _____

Teacher: _____

Field Trip: _____

Parent/Guardian & Phone(s): _____

Physician & Phone: _____

Dear Parent/Guardian:

If your student has any specific health or medication issues of which we should be aware, please check the appropriate lines or boxes below and supply any necessary information regarding this issue.

Check all that apply

<input type="checkbox"/>	My student does not have any health or medication issues.
<input type="checkbox"/>	<p>My student has a known health condition and there are medical instructions and/or medication at school. Please follow those directions and use as indicated. This condition and/or medication include:</p> <p> <input type="checkbox"/> Inhaler <input type="checkbox"/> Glucometer/Snacks <input type="checkbox"/> Ritalin/Adderall <input type="checkbox"/> Epi-pen <input type="checkbox"/> Nebulizer & Equipment <input type="checkbox"/> Other: _____ </p>
<input type="checkbox"/>	<p>My student has a known health condition and does not have current medication or a medical device at school. I hereby give permission for the teacher to supervise the administration of one or more of the following medications.</p> <p>I will send the following medication along with my student:</p> <p> <input type="checkbox"/> Inhaler <input type="checkbox"/> Glucometer/Snacks <input type="checkbox"/> Ritalin/Adderall <input type="checkbox"/> Epi-pen <input type="checkbox"/> Nebulizer & Equipment <input type="checkbox"/> Other: _____ </p>
<input type="checkbox"/>	Comments/additional instructions:

Parental approval:

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____