



STUDENT MEDICAL INFORMATION

STUDENT'S NAME: _____ M ____ F _____ GRADE _____

TO THE PARENT OR GUARDIAN: The information provided on this form will be considered current and supersedes all other health and medical data provided to the school. It will be the parent / guardian's responsibility to inform the school should this information change. Please complete the appropriate section and sign below.

My child **DOES** have a physical or medical condition(s) at this time.

If the answer to the above is **YES**, please describe any physical or medical problem(s) that the school should be aware of including those conditions that could restrict or affect participation in school activities.

Do any of the medical or physical problems that were described exclude your child's participation in any school class or activity? Yes No

If the answer to the above is **YES**, please have your doctor write or provide a statement specifying the activity restriction:

DOCTOR'S STATEMENT:

Date: _____ Doctor's Signature _____

My child **DOES NOT** have any physical or medical conditions at this time.

PLEASE SIGN BELOW:

Date: _____

Signature (Parent / Guardian)