# MEDICAL CONDITIONS
# 2016-2017

Please list any medical considerations of which the school should be familiar, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in the following form: AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION (#9400-HES-005). This form must be signed by the doctor. If no conditions exist, please indicate "NONE".
Note: every family is required to submit one form per student each year.

**CHILD'S NAME: _____ _____**
**Last** **First**

**GRADE: _____**

**Medical Conditions :**_____

_____

_____

_____

_____

**Medications:**_____

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**Emergency Information:**

Please print the name of the Parent or Legal Guardian_____

Home Phone_____Work Phone_____Cell Phone_____

If a parent cannot be reached:

Emergency Contact Person_____

Home Phone_____Work Phone_____Cell Phone_____

Emergency Contact Person_____

Home Phone_____Work Phone_____Cell Phone_____