

MEDICAL CONCERN

Student name _____ Date _____

1. What type of medical condition does your child have?
2. How long has your child had this medical condition?
3. How does your child react when this medical condition occurs?
4. What type of accommodations will your child need in school because of this condition?
5. What will the teacher need to be aware of in the classroom?
6. What medication is your child taking because of this medical condition?
7. Will your child be carrying his/her own medication or will medication be kept in the health office?
8. Will your child be self administering his/her own medication?
9. Does 911 need to be called?
10. Is your child participating in a school sport, activity, riding the school bus?
Forms needed.