

**First Presbyterian Church
Weekday School**



Medical Information Form

If your child has a medical condition or special needs, please complete this form.

This information is necessary for the Weekday School staff to properly care for your child, to make necessary adaptations that will enhance his/her participation at school, and to correctly handle any emergency that may occur. Please notify us if your child's situation or needs change during the course of the school year.

Child's Name _____
(If you need to complete this form for more than one child, please request an additional form.)

Parent signature _____

1. Name and describe your child's medical issue.

2. Of what symptoms or problems should teachers be aware?

3. Does your child have any allergies that will require restrictions at school? If so, please describe in this space. If your child requires an Epi-Pen or antihistamine on site, you will need to complete an Allergy Action Plan and have it signed by your doctor to be returned by **August 15**. **This form will be included in the next mailing if you check this box**

(OVER)

4. How should your child's teachers respond in the event of symptoms?

5. Will your child need medication administered while at school?

If so, list medications and instructions. (It may be necessary to submit additional paperwork signed by your child's Physician depending on the medication)

6. Are there any restrictions on your child's activities while at school?

7. Provide any other information which would be helpful for us to know.

You may attach additional pages if necessary.

Please return by May 1