



List Allergies (example: penicillin, bee stings, latex, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Condition (diagnosis) and special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Medication and dosage taken by student at Home and School

Medication Name	Strength	Quantity	How medication is taken?

Does your child require any special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions? Please explain any that are required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_