



Request to Parent for Medications and Health Management Plans

School Year: _____

Date:

Dear Parent:

On your student's clinic card you indicated that your child has a medical history of _____.

Please complete the attached forms so that we have the medical information needed to care for your child while at school. If additional information is needed, you may be contacted.

If your child needs medication at school, the medications may not be transported on a school bus. An adult must bring them into the school clinic and complete required forms.

If your child does **not** need care at school for this condition, please check the box below, sign and return this form to school.

These forms must be updated each school year.

Thank you,

School Clinic

No care needed at school for this condition.

Parent/Guardian Signature

Date