

Dear Parent/Guardian:

Thank you for completing your child's **Student Emergency/Medical Information Card**. On the card you indicated your child has a medical condition/s. If this medical condition requires attention/assistance we ask that you;

- Have your child's health care provider complete and sign the attached
 - o **Emergency Care Plan** and
 - o **Medication Form** (if indicated).

- Complete and sign the parent/guardian sections of the attached
 - o Emergency Care Plan and
 - o Medication Form (if indicated)

- Please return the signed forms to your child's School Secretary.

Please be advised that:

- **No medication will be administered or can be self administered at school without a Medication Administration Form completed and signed by your child's health care provider and you.**
- One Medication Administration Form is needed for each medication.
- The medication must be delivered to the school in a pharmacy labeled container with clear instructions.

The medical information will be shared only with school staff who, need to know to help ensure your child's health/safety.

If you feel that your child's medical condition does not need assistance at school please sign below and return this letter to the school.

- My child does not need services

Child's Name _____

Date of Birth _____

Parent/Guardian Name _____

Parent /Guardian Signature _____

Date: _____

Child's School _____