

## Medical Information Form

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Daily Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Important Medical Information:

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

No Medication, No Allergies, & No Medical Information: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_( )\_\_\_\_\_  
Telephone Number