

GPISD HEALTH SERVICES

NOTIFICATION OF MEDICAL CONDITION

Dear Parent or Guardian,

If your student has a medical condition that the school nurse needs to be aware of, please fill out this form. The nurse will inform appropriate staff that need know about your child's condition.

Student: _____

Medical Condition _____

Comments: _____

Contact Information:

Parent or Guardian: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____

Home Phone: _____ Work: _____ Cell: _____

Other Contact: _____

Home Phone: _____ Work: _____ Cell: _____

Parent Signature: _____