

St. Pius X School

MEDICAL CONDITION FORM

Dear Parent or Guardian:

We strive to promote health and wellness by working in partnership with students, their families, healthcare providers, and the community to enable academic success. Physical, emotional, mental, and social health problems can directly affect children's ability to learn.

Below you will find a **Medical Condition Form** that will need to be completed for each child and turned into the office every year with your final registration papers. You may disregard this form if your child does not suffer from any medical condition or does not require any medication, but please notify the office to make updates whenever changes occur or new medical conditions develop. We wish to maintain a confidential open line of communication between students, teachers, and families.

If medicine is to be taken at school, please fill out the required **Authorization for Administration of Medication**. All medications must be in their original packaging and the student's name must be clearly labeled on the package.

For children with diabetes, a diabetes medical management plan including emergency care plans for hypoglycemia and hyperglycemia must be provided by the physician responsible for treatment of the student. The student should possess on their person at all times any supplies or equipment necessary to monitor and care for their condition.



MEDICAL CONDITION FORM

Student's Name _____ Date of Birth _____

Medical Conditions/Physical Restrictions:

Does your child use an inhaler? yes no

If yes, make sure to complete the **Authorization for Administration of Medication** form. If the inhaler will NOT be kept in the school office or with the student during the day, please specify the reason:

Does your child have any allergies? yes no

If yes, please specify the allergy and type of reaction:

(continued on back)

Is an EpiPen required? yes no

If yes, make sure to complete the **Authorization for Administration of Medication** form.

Is there any other information you feel we should know?

Signature of Parent/Guardian _____ Date _____

Relationship _____ Emergency Phone # _____