

# **Vinings Academy** --- Medical Condition / Allergy Information Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

The purpose of this form is to ensure that we have as much information as possible regarding any student's medical conditions or allergies. Please use as much detail as possible. This form is ONLY for severe conditions or allergies which may or have required urgent medical attention.

Condition / Allergy \_\_\_\_\_

Description (include symptoms, medications)

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Condition / Allergy \_\_\_\_\_

Description (include symptoms, medications)

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Parental Statement:

I have included all known medical conditions / allergies which in my opinion the school needs to be aware of. I will update the school in writing should any of these conditions change or should any new diagnosis be made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use:

received \_\_\_\_\_ by \_\_\_\_\_ List \_\_\_\_\_ Staff ed req'd Yes / no

\*\*\*This form should be on RED paper\*\*\* File on top of Enrollment Package in student's file.