



122 Schiller Street. Buffalo, NY 14206. Phone : 314-680-8292

**MEDICAL CONDITION FORM**  
**2022-2023 School Year**

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

Please complete this form if your child has a medical condition. **If your child does not have a medical condition**, please check the NO box below and sign at the bottom.

- No, my child does not have any medical/health conditions that would prohibit him/her from participating fully in school activities, including gym classes or sports activities.

**COMPLETE THIS SECTION ONLY IF YOUR CHILD HAS A MEDICAL CONDITION**

Emergency Contact Phone #: \_\_\_\_\_

Please check below if your child has any of the following medical conditions:

- Allergies (food, insects, etc.). Please specify: \_\_\_\_\_
- Asthma     diabetes     seizures     other (please specify) \_\_\_\_\_

Does your child have any serious health concerns we should be aware of?     Yes     No

If yes, please explain: \_\_\_\_\_

Please list any medications he/she may need: \_\_\_\_\_

Are there any health considerations that would prohibit your child from participating the full year in school activities, including gym classes or sports activities?

Are there any special accommodations required due to physical disabilities?

Does your child have Medical Insurance?     Yes     No

If Yes, Name of Insurance Company: \_\_\_\_\_

Please submit a copy of the child's Insurance Card with this form.

**Please Note:**

**In the event your child has a medical emergency and the school is unable to contact you, 911 will be called and your child will be transported to the nearest hospital emergency room for medical treatment.**

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

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