Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Nature of Medical Condition: | | | | |  | | | |
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| Impact on school life: | | |  | | | | | |
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|  | | | | | | | | |
| Things to avoid: | |  | | | | | | |
|  | | | | | | | | |
| Parent/caregiver signature: | | | |  | | | Date: |  |
|  | | | | | | | | |
| Print name: |  | | | | | Contact number: | |  |