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

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