

This form can be printed, taken to the doctor for signature, completed, and sent or faxed to school. The fax number is 486-4732. Please fill out one form per child.

Child's Name: Grade:

Allergies:

Medications:

When they are administered:

Other conditions that the school should be aware of:

We are also experiencing some difficulty, especially in the lower grades, knowing how the children are to go home at night. To lessen the confusion of dismissal and promote safety of the children, please supply the following information so that we can let teachers know.

My child walks home or rides a bike

My child rides a day care van Which one?

I pick up my child after school