



HEALTH & SAFETY - 3

This form must be filled out and signed by a health care professional.

The following form must be filled out if your child has any special care needs that require accommodations.

My Child, _____,

Has the following special needs or accommodations.

Medications prescribed for continuous long-term use.

Please list limitations or restrictions and any addition information

Health care professional information

Name of Health care professional _____

Name of Practice _____ Phone number _____

Address _____ Email _____

Please note we do not have a fax machine.

Health care professional signature

Parent signature

Date

Date