

**Please note**

**1. Does your daughter/son have any health needs or problems the school should know?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe

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**2. Does your daughter/son take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_**

If YES, please describe

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**3. Does your daughter/son need to take medication *at school*? Yes \_\_\_\_\_ No \_\_\_\_\_**

If YES, please describe

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