

Dear Parents/Guardians,

Your child's health and safety are very important to the staff members at Germantown Hills School. Therefore, it is our goal to possess one document from which to gather all medical information. Please complete the following form with your signature and date. This information will be available to all staff members who will be assisting your child throughout the school day.

Thank you

Child's Name:

---

\_\_\_\_\_ My child does not have any medical concerns.

Medical Alert Information: (Example: \*Asthma, heart problems etc.):

---

---

---

Treatment:

---

---

---

\*Allergy Information: (Food, Pet, Bee Sting etc.):

---

---

---

Treatment:

---

---

---

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**\*If your child has asthma and/or allergies, please ask the office for the Asthma/Allergy Action Plan.**