

# CLINIC NOTIFICATION

Student Name \_\_\_\_\_ Teacher: \_\_\_\_\_ Date \_\_\_\_\_

Dear: Parent/Guardian

We want to ensure we understand and meet your child's need. Please let us know what Medical Conditions your child has been diagnosed as having.

Medical Conditions:

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Does your child require Special Meals or Meal Accommodations: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*A Special Meals and Accommodations Form must be filled out and signed by a medical professional if you answered YES to the above question.

Please list the medications your child currently takes and will be taken during school, including dosage and time given:

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Thank you,

Marian Chickering/Clinic