

Health and Wellness Disclosure Form

CMCS is committed to keeping all students, staff, and faculty safe at school. Please fill out this form so that we are aware of all health related concerns (allergies, asthma, daily medications, seizures, etc.) or any other special needs that might impact your child's school experience.

Student Name: _____ **Grade:** ____ **Room:** ____

_____ My child does not have any known health concerns.

_____ My child has the following health concerns:

Allergen:

Nature of Allergic Reaction:

Medications: Please list all medications your child takes on a regular basis.

_____ Check here if you need the form to administer medication during the school day sent home. The form must be used even if medication will not be used on a daily basis.

Additional Comments: Please list any other health factors the school should be aware of that might affect your child's school experience.

Parent Name

Signature

Date