



# Medical Care Questionnaire

**Student's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**The name of my child's medical issue or issues:**

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**Please describe your child's medical issue or issues:**

**What are the symptoms we should be looking for if your child is going to have this medical issue such as but not limited to seizure, asthma attack, headache, rash, etc.:**

**When this medical issue occurs, is it in conjunction with his/her allergies or an illness?**

**Along with our Medical issue/allergy protocol outlined in our Family Handbook, how would you and your child's physician like us to handle this Medical issue or issues while your child is in our care?**

***Physician and Parent has discussed and agreed upon this questionnaire:***

**Parent/ legal guardian Initials:** \_\_\_\_\_ **/ Date:** \_\_\_\_\_

**Physician's Initials:** \_\_\_\_\_ **/Date:** \_\_\_\_\_

