

Cucamona School District
Medical Statement Form
Health Services

Student Name: _____ DOB: _____ Grade: _____

School Site: _____ Tel: _____ Teacher: _____

IF YOUR CHILD DOES NOT HAVE A MEDICAL CONDITION PLEASE CHECK BOX AND SIGN THE BOTTOM OF THIS FORM AND PLEASE DISREGARD MEDICAL ALERT RED CARD.

PHYSICIAN MUST SIGN BELOW

A PHYSICIAN OR OTHER RECOGNIZED MEDICAL AUTHORITY MUST SIGN AN AGREEMENT AS TO WHAT THE ALLERGY OR CHRONIC ILLNESS IS. FOR THE PURPOSES OF THIS PROGRAM, A "RECOGNIZED MEDICAL AUTHORITY" MEANS A LICENSED PHYSICIAN, NURSE OR PHYSICIAN'S ASSISTANT.

Please indicate any disease or condition which your child now has or has had by checking boxes below:

- | | |
|---|--|
| <input type="checkbox"/> Food Allergies: _____
additional forms MANDATORY | <input type="checkbox"/> Diabetes
additional forms MANDATORY |
| <input type="checkbox"/> Asthma – additional forms required | <input type="checkbox"/> Insect Allergies– additional forms required |
| <input type="checkbox"/> Seizure Disorder – additional forms required | <input type="checkbox"/> Heart Disease– additional forms required |
| <input type="checkbox"/> Other: _____ | |

Please check box if any medication will be given at school:

Type of Medication, Dosage and Time: _____

Action for minor reaction of medical condition: _____

Action for major reaction of medical condition: _____

Any medication and medical condition that was checked requires a **current Medical Authorization Form** (completed by your child's physician) and be on file in school health office. Please ask for this form in the school office.

**ATTACHED FOOD ALLERGIES REQUEST FORM FOR SPECIAL MEALS AND/OR ACCOMMODATIONS
MUST BE COMPLETED AND SIGNED BY PHYSICIAN.**

Printed Name of Medical Authority

Phone

Health Plan Provider

Signature of Recognized Medial Authority

Date

I understand that copies of this Medical Statement Form will be distributed to the Health Office and School Personnel as deemed necessary for the care and safety of my child.

Printed Name: _____ Phone _____

Parent Signature: _____ Phone _____