

Child's Medical Report
To be returned to TLC by first day of school.

Child's Name: _____

Birthdate: _____

Home Address: _____

Name of Parent or Guardian: _____

Cell Phone(s): _____

Health Concerns to be shared with teachers:

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Physical or Mental Disabilities that the teachers should be aware of:

Attach Immunization record.

Please attach other applicable information if needed:

- ☐ School medication authorization
- ☐ Diabetes care plan
- ☐ Asthma action plan
- ☐ Health care plans for other conditions

Signature of Parent/Guardian: _____

Date: _____