



Health Accommodation Form

Students Name: _____ Grade: _____

Specific Health Concern:

In case of health emergency:

Contact #1: _____ Phone # _____

Contact #2: _____ Phone # _____

What accommodations or services are needed for your child to be safely included in school activities?

List the emergency care plan that explains how to treat your child's health concern.

1. _____

2. _____

3. _____

4. _____

Please turn over for permissions regarding this form.

OVER

Permissions:

1) May we list your child's health concern, without their name, on the outside of the classroom door?

Yes No

2) May we list your child's health concern, without their name, on the outside of the extended care door?

Yes No My child will not be using extended care.

3) Is your child's health concern life threatening?

Yes No

If yes to number 3, may we post your child's health accommodation form, with their picture, on the cabinet inside the classroom?

Yes No

If yes to number 3, may we post your child's health accommodation form, with their picture, on the cabinet inside the extended care room?

Yes No My child will not be using extended care.

4) If your child's health accommodation is related to food, when food is brought into the classroom as a treat or part of an activity, what type of follow up is needed?

Student is able to make determination

Parents must be contacted before any handling

Parent must be contacted before it is ingested

Not applicable

Notes:
