

**Supplemental Medical and Allergy Information Form – Due June 1, 2017**

**Student Extra Medical Information – please print legibly**

\_\_\_\_\_  
Student Name (First, Last)

My son/daughter takes the following medication(s):

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_.

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_.

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_.

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_.

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_.

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_.

My son/daughter has the following allergy/allergies:

Type: \_\_\_\_\_

Type: \_\_\_\_\_

Type: \_\_\_\_\_

Any other special considerations can be described here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian name

\_\_\_\_\_  
Parent / Legal Guardian signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date