



September 2019

Dear Parents/Guardians,

Ensuring updated medical information is essential to the health, safety and well-being of all WRDSB students.

Please complete the form below outlining your child's medical concerns and return it to the school by Friday, September 6th.

For students with prevalent life threatening medical conditions, a Plan of Care will be developed collaboratively between the school, family and when necessary, medical professionals.

If additional information/action is required, appropriate forms, including administration of medication forms will be sent home for families to complete.

Medical information will be kept on file in the office and shared with appropriate staff as needed.

Thank you for your understanding and appreciation of this very important concern.

Sincerely,

Deborah Tyrrell
Principal, Bluevale Collegiate Institute

To be returned by: Friday, Sept 6, 2019

Student Name: _____

Homeroom: _____

My child has the following medical concerns:

- ☐ Anaphylaxis ☐ Asthma ☐ Diabetes
☐ Epilepsy/ Seizures
☐ Other : _____

Comments: _____

Parent's Signature: _____ Date: _____