



HEALTH AND MEDICATION UPDATE 2020-2021

Please use this form to update the school of any changes to your child's health; including but not limited to significant injuries, surgery, illness, allergies and any changes in your child's medications.

Students with serious medical conditions may also need to fill out / update their current medical care plans, such as the **Anaphylaxis Plan**, **Asthma Plan**, and/or the **Medical Alert Plan**. If your child needs to have medications administered at school, please also fill out the **Administration of Medication** form.

Please submit the completed form to the First Aid/Medical Team Lead: Valerie Neduha, vneduha@fraseracademy.ca.

Student Name

Grade

Date of Birth (DD/MM/YYYY)

Please list the details of your child's injury, medical condition, or change of medication:

Signature of Parent/Guardian

Parent/Guardian Name

Date (DD/MM/YYYY)

Signature of Parent/Guardian

Parent/Guardian Name

Date (DD/MM/YYYY)