



HEALTH AND MEDICATION UPDATE 2021-2022

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)