

STRATFORD



COLLEGE

## STUDENT HEALTH INFORMATION FORM

*Complete the following, if relevant, and return to the school with your son/daughter's latest reports. Please enclose any and all relevant documentation which may be of help to the school in this matter.*

1. What is the name of the condition: \_\_\_\_\_

2. When was the condition diagnosed?: \_\_\_\_\_

3. What are the areas of risk? (if any ; these should be clearly defined)

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

4. What are the known triggers, if any?: \_\_\_\_\_

5. What is the prognosis, if any? \_\_\_\_\_

6. How was the student supported in primary school?:

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

*Completion of this form does not mean that Stratford College is responsible for the medical condition of your son/daughter. Furthermore the school has no obligation to administer medication.*

\_\_\_\_\_  
Parent(s)/Guardian(s) Name(s). **Please Print**

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

Date: \_\_\_\_\_

Principal: Patricia Gordon Deputy Principal: Siobhan Reynolds