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