

Request for Additional Health Information/Declination Form

Dear Parent/Guardian,

Childs Name: _____

Hello! According to your child's paperwork, there is mention that your child has a history of

Should your child require medication for this condition during the school day, I wanted you to know that the staff here has been trained and delegated by me to administer this emergency medication in case your child experiences symptoms. In order for us to do so, we are requesting the following:

A current (within the past year) emergency care plan from your child's doctor

Non-expired emergency medication

If this does not apply to your child or you choose not to provide medication for this condition at this time, please document as such in writing in the space provided below. *Please be aware that should your child experience mild symptoms, you will be contacted immediately. For more severe symptoms, 911 will be called immediately, at your expense. Once emergency services have been initiated, you will be contacted right away.*

Parent Signature and Date

Thank you so much for your time and efforts!

Thank you,

Child Health Connection
303-431-2446