

# St. George's Hellenic Language School

## Medical Information Form

Please complete and submit the following form if your child has any medical conditions. It is the responsibility of all parents/guardians to inform the school of any changes to child's condition, doctor's information or health card details.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

1. Does your child have a medical condition? Yes    No

If Yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever been treated for a serious condition? Yes    No

Details:  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any conditions, congenital or acquired, that we should know about? Yes    No

If yes, please describe and indicate any required medication:  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child have any condition or allergy that warrants a special diet? Yes    No

Details:  
\_\_\_\_\_

5. Are there food restrictions due to religious beliefs? Yes    No

Details:  
\_\_\_\_\_

6. Does your child have special needs? Yes    No

If Yes, please describe:

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7. Does your child use an IPP (Individualized Program Plan)? Yes    No

8. Does your child have any hearing or vision difficulties? Yes    No

Details:

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9. Does your child have any communication difficulties? Yes    No

Details:

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**I hereby certify that all the above information is accurate and my child's immunization is up to date.**

**ST. GEORGE'S HELLENIC LANGUAGE SCHOOL**  
School

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (please print)