

PORTER RIDGE HIGH SCHOOL
Special Medical Need/Condition

If your child has a medical need or condition that the school staff needs to be aware of, PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE SCHOOL OFFICE AS SOON AS POSSIBLE

Date _____

Student Name _____ Grade _____

Parent/Guardian _____

Address _____

Phone – PLEASE INCLUDE ALL NUMBERS WHERE YOU MIGHT BE REACHED

(Home) _____ (Work) _____

(Cell) _____ (Other) _____

Emergency Contact Name _____ Phone _____

Medical condition that may need attention while at school:

Treating Physician _____ Phone _____

Hospital Preference _____

*Nearest hospital will be used in an emergency

Comments (significant history, signs and symptoms, medications, desired actions by school personnel):
