



NEW HAVEN COMMUNITY SCHOOLS

Student Medical Condition Form

If your student has a medical condition of which New Haven Community Schools should be aware of, please complete the form provided below. If your student has a condition that requires any specialized treatment and/or medication(s) (including, but not limited to; prescription, non-prescription, homeopathic, herbal, vitamin or mineral supplements), a separate medication authorization form, and/or medical action plan must be completed and signed by the physician or licensed prescriber of the medication(s) and/or treatment and the parent/legal guardian.

Date: _____

Student Name: _____ **Grade:** _____

Parent(s)/Legal Guardian Name: _____

Phone Number: _____ **Work Number:** _____

Medical Condition(s): _____

Comments: _____

Parent(s)/Legal Guardian Signature: _____

New Haven Community Schools
Attention: School Nurse
P.O. Box 482000
New Haven, MI 48048