



**SOUTH BUTLER COUNTY SCHOOL DISTRICT  
MEDICAL/HEALTH CONCERN FORM FOR PARENTS**

**Our greatest concern is the health and safety of the students attending our schools. If your child has medical/health issues like asthma, allergies, reactions and treatments, is taking new medications, etc. that you feel the School Nurse should be aware of, please complete this form and either send it in with your child or mail it directly to the attention of “School Nurse” at your child’s school building.**

**Child’s Name:**

**Grade:**

**School Building for the 2019 – 2020 School Year:**

**Medical/Health concerns:**

**1<sup>st</sup> Parent Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2<sup>nd</sup> Parent Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_