



**2023-24 SY BCSS MEDICAL INFORMATION
NEEDED FOR MEDICALLY FRAGILE STUDENT**

Name: _____

Date of Birth: _____

Please sign below, authorizing your physician to complete, return this form, and discuss the diagnosis with the school nurse.

Parent/Guardian Signature

Date

School Nurse

Fax Number

Diagnosis: _____

1. If the child has any medical concerns, what signs and symptoms should we observe for?

2. What medical care should be provided if the above are observed at school?

3. Are there any restrictions for this child at school?

Physician's Signature

Date

Physician's Contact Information

Physician's Name _____

Address: _____

Phone #: _____

Fax #: _____