Marysville Public Schools

MEDICAL & PHYSICAL DISABILITY FORM

It is important for the school to be made aware of any medical condition or physical disability your child may have. Please fill in the information below if your child has any medical conditions or disabilities

Child's Name _____

Conditions_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Medications:_____
_____
_____

Please be aware that if medications are required to be taken at school, we must have an approved form, filled out and signed by child's Doctor. Medication forms are available in our schools offices.

Thank you for your cooperation.