

Dear Parent or guardian,

As you already know the Goodridge Staff is deeply committed to your child's education, safety, and well-being any time they are in our care. If your child has a medical concern or need you feel that our staff should be aware of, please fill out the attached form and return to the classroom teacher. This may include, but is not limited to, diabetes, allergies, asthma, or heart problems. The information you provide us will be distributed to all of our staff in case of an emergency situation with your child. If your child does not have any concerns or you do not want our staff to be aware of and medical issues, please disregard this form.

Thank you,

Goodridge School Staff

Student Name: _____

Parent Name: _____

Medical Concern: _____

Steps to be taken in case of an emergency (include people you wish to be notified and numbers:

Please list any other information that you feel our staff needs to know: