

SCOTT COUNTY VIRGINIA SCHOOLS

SCHOOL BOARD MEMBERS

Linda D. Gillenwater
Larry L. Horton
Gail L. McConnell
William R. Quillen, Jr.
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DIVISION SUPERINTENDENT

John I. Ferguson
340 East Jackson Street
Gate City, Virginia 24251
Phone: (276) 386-6118
Fax: (276) 386-2684

Dear Parent of _____

You indicated on school records that your child has a **medical condition**, which may require treatment, assistance, or accommodations at school. Please complete the following form, obtain Physician Signature, and return it to the school **as soon as possible** so a plan to help your child can be shared with necessary school personnel. If you have any questions, you may call your child's school nurse.

Medical Condition: _____

Currently under physician treatment for this condition? Yes or No

Last seen by the physician for this condition: _____

Medications: _____

Any known allergies (seasonal, medications, insects, food, etc.): _____

Limitations of child in the school setting (Restrictions on activities): _____

Special instructions for school personnel: _____

Physician: _____

Address: _____ Phone: _____

In the event of an emergency, can physician be called if unable to reach parent/guardian/other? _____

(Parent Signature) (Date)

(Physician Signature) (Date)