



1615 Belton Garden City, Michigan 48135

734-261-0500

734-956-6360 Fax

Principal Suzanne March

MEDICAL CONDITION

Student Name: _____

- Yes, my child **has** Medical Condition
- No, my child **does not have** a Medical Condition

List Medical Condition in detail:

Please attach any relative information regarding the Medical Condition(s)

If Medication is needed during school hours, you may pick up a Medical Permission form at the office.

ALLERGIES

- Yes, my child **has** Allergies
- No, my child **does not have** Allergies

List Allergies in detail:

I Do Not Hold Tipton Academy responsible for forgetting to administer medication to my child.

Parent/Guardian's Signature: _____ Date: _____

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.

