

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Information to Teachers:

\_\_\_\_\_ has a health condition of which you as his/her teacher need to be aware. The description of this problem, as well as emergency care and individual considerations, are stated below:

Medical Diagnosis/Condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Individual Considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_