

Medical Alerts

Intermediate Management Needs



To ensure that we are providing the best services to your child, please indicate whether your child has any medical issues that the classroom teacher and aides should be aware of, as well as if your child is currently taking any medications. This knowledge will help us better serve your child's needs.

Thank you for your cooperation! 😊

Mrs. Gabrielle Reynolds
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881-0510 ext. 41121

Child's Name: _____

Medical Alerts: _____

Allergies: _____

Does your child currently take any medication? **YES** **NO**

If so, what for and what is the name of the medication?

Does the medication need to be administered in school and if so, what time?

BREAKFAST:

Does your child eat breakfast here at school? **YES** or **NO**

If yes, your child will need to get his/her breakfast immediately upon entering school and bring it back to the classroom to eat first thing in the morning.