

SIMPSON ELEMENTARY SCHOOL

Office of the Principal
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**Student Health Problems
2007-2008**

So that we may best serve your child and protect them from any undue problems related to an existing health problem, we are requesting that you complete and return this form to your child's teacher. This only needs to be done for children who have any condition which might present a problem for them in relation to school activities. Examples would be severe allergy reactions, asthma, seizures, cardiac problems, diabetes, etc.

Student's Name _____

Student's Health Problem _____

Medications used for treatment _____

Directions for the teacher if a problem occurs _____

Parent's Signature _____

Printed Name _____

Date _____