

# 2024-2025 Chronic Conditions Form



Merritt Academy desires to provide the best care for your child. The more information we have about your child’s medical condition, the better we can serve your child while they are in our care. Please provide us with as much information as possible about your child’s medical history and what we should watch out at school.

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Classroom: \_\_\_\_\_

Medical Condition/Allergen: \_\_\_\_\_

Please describe what led to the diagnosis of this condition/allergen:

---

---

---

---

What symptoms has your child experienced in the past:

---

---

---

---

What treatments has your child experienced previously:

---

---

What situations or circumstances should be avoided or concerning:

---

---

Other Information that would be helpful to know: \_\_\_\_\_

---

Parent Signature

Parent Name

Date