

P.S. 186Q
The Castlewood School
252-12 72nd Avenue
Bellerose, NY 11426

Dolores Troy-Quinn
Principal

"The Little School with the Big Heart"

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September 2009

CONFIDENTIAL STUDENT INFORMATION

Dear Parent:

In order for us to provide the best possible health care for your child in the event of an emergency that arises in school, we must have information related to your child's medical condition. Please identify any chronic or acute medical condition your child has that we should be aware of below:

STUDENT'S NAME _____ CLASS _____

1. ALLERGY _____

2. ASTHMA _____

3. DIABETES _____

4. HEART PROBLEM _____

5. OTHER (Specify) _____

Does your child take special medications for the condition identified above? _____

Medicine _____

Parent's Signature _____ Date _____

Telephone Number: (Home) _____

(Work) _____

This information will be kept **CONFIDENTIAL**. It will be attached to the Blue Emergency Contact Card. Thank you for helping us provide for your child's health and safety at school.

Sincerely
Dolores Troy-Quinn
Principal