

**CASTLE NORTH MIDDLE SCHOOL
2800 HWY 261
NEWBURGH, IN 47630
(812) 853-7347**

Dear Parents:

In case of medical emergency, it is helpful to have on file a record of your child's medical problems or special needs. We would like information about problems such as asthma, diabetes, heart condition, and name(s) of medication your child is taking. **ALL RECORDS ARE KEPT STRICTLY CONFIDENTIAL!**

Please fill out the form (indicate "none" if there are no problems) and return to school as soon as possible.

RETURN TO YOUR SCHOOL NURSE

TEACHER: _____ GRADE: _____

STUDENT NAME: _____

MEDICAL PROBLEM:

IS YOUR CHILD ON MEDICATION? YES _____ NO _____

IF SO, GIVE MEDICATION NAME: _____

WHEN IS MEDICATION GIVEN? _____

OTHER PERTINENT
INFORMATION: _____

Indiana State Law (Senate enrolled Act 376) prohibits sending medication home with a student.