

Jog-a-Thon Medical Alert



Child's name: _____

Teacher Name/Grade: _____

Parent Name: _____

Parent Signature _____ Date: _____

____ **MEDICAL ALERT:** Following are the special needs or medical considerations of my child that the school nurse should be aware of on the day of the event: _____

____ **MEDICAL WAIVER:** My child will not be participating in the Flagstaff Academy Dragon Dash Jog-a-Thon due to the following condition(s): _____

**Please return to school by:
Mon. Oct. 2, 2017**

Please fill out only if there is a medical condition that precludes your child from participating or that you would like the school nurse to be aware of during the event.

If your student has an inhaler, in addition to this form, consider emailing their teacher to send them to the nurse -before- running if this is part of your asthma care plan.

Running Schedule at www.FlagstaffAcademyPTO.org