

# 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. 1, 2018**

**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](http://www.FlagstaffAcademyPTO.org)**