Other Health Condition Cover Sheet

Student's Name:_____ Date of Birth: _____

- Please complete <u>one cover sheet per health condition</u> and attach this sheet to all documents from your student's physician(s).
- Please upload this cover sheet with physician documentation to Magnus as one "upload"

Please note that you may only upload one document per school year. If you need to upload additional documentation, please contact the main office for assistance.

Name of Health Condition:_____

Letter from Physician Attached: _____Yes _____ No

Action Plan from Physician Attached: _____Yes _____No

Information about your student and his/her health condition (i.e. triggers, symptoms, etc.) and care for your student: (Please be detailed so school officials can provide the best care for your student).

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Parent/Guardian Printed Name:_____

Parent/Guardian Signature: _____ Date: _____

Please attach this cover sheet to all physician documentation and upload to Magnus as <u>one attachment</u>.