



MEDICAL INFORMATION

Jingle Bell Run

Friday, December 1, 2017

***MEDICAL INFORMATION THAT MUST BE RETURNED TO THE NURSE
VERY IMPORTANT***

My child, _____ has a medical condition that may affect running.
The condition is _____.

If the condition is asthma or allergy, please check one:

_____ the nurse has an inhaler/Epipen OR

_____ parent will be attending the event with inhaler/Epipen as necessary for the child OR

_____ my child will not participate at this time.

Children with medical conditions like asthma who use inhalers or nebulizers **MUST** have an inhaler at school if parent is not attending. If no inhaler is provided by Friday, November 10th, he/she can participate by walking only.

Will parent(s) be attending the Jingle Bell Run? *circle* **YES** **NO**

Teacher's Name: _____

Grade: _____

Parent's Signature

Phone Numbers

****Teachers, please return this form to Patti Carothers, RN***