

SUMTER COUNTY SCHOOLS
PARENT INTERVIEW GUIDE

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Age: _____ Grade: _____ Teacher: _____ School: _____

Parent/Guardian: _____ Phone: _____

Cell Ph: _____

Physician Name: _____ Phone: _____

1. What is your child's medical condition? _____

2. How long has your child had this condition? _____

What do we need to know about your child's condition? _____

3. What type of medication does your child take and when? _____

If yes, how is your child transported to school? _____ If by school bus, what route? _____

6. What are his/her usual signs of a problem? _____

7. Any special instructions? _____

Please make sure that we have your correct phone number, where you can be reached at all times.

As parent/guardian by signing this form, I give permission for Sumter County Schools to share this information with the faculty and staff who are directly involved in my child's education and/or school health services.

Parent signature

Please Print name

Date