

HCDSB CHANGE OF MEDICAL DIAGNOSIS FORM

(Parents are requested to provide the completed form along with communication from the child's physician to the school administrator as soon as reasonably possible.)

Student's Name: _____

Medical Condition: _____

Teacher's Name: _____ **Date:** _____

Change of Medical Diagnosis:

Change to child's medical accommodations:

Physicians Authorization:

Signature: _____ **Date:** _____

Physicians Comments:

OR

Letter/note from physician must be attached

Completed form along with physicians letter/note to be filed in the child's Ontario School Record (OSR).