



# UHC Medical Condition Form

Student Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Name of Medical Condition (example: Cancer, Diabetes, etc):

\_\_\_\_\_

Please write a brief description of the medical condition and how it may affect the student while at UHC. We will use the information you provide to better help, serve, and care for your student. Also include any instructions about when you would like to be called if certain symptoms occur while your student is at UHC:

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Parent Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_