

Medical Waiver Form Sample for School Enrollment

A **medical waiver form** sample for school enrollment helps parents and guardians exempt students from specific health requirements due to medical conditions. This document ensures schools are informed about the student's health needs while complying with legal and safety standards. Utilizing a clear, concise form promotes smooth enrollment and proper care.

Student Information

Student Name:

Date of Birth:

Grade Level:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Medical Details

Medical Condition(s) Requiring Waiver:

Specific Health Requirement(s) to be Waived:

Physician's Name:

Physician's Contact Number:

Parent/Guardian Authorization

I, the undersigned, request exemption for my child from the health requirements specified due to documented medical reasons. I acknowledge responsibility for submitting all relevant medical documentation, and I understand the school may contact my child's healthcare provider for clarification.

Signature:

Date:

Submit

Note: Attach supporting medical documents and a letter from your physician when submitting this form. For further assistance, contact the school nurse or administration office.