METAMORA TOWNSHIP HIGH SCHOOL
101 W. MADISON
METAMORA, ILLINOIS 61548
(309) 367-4151 Telephone
(309) 367-4351 Fax

Student Name _____Class Year _____

Medical Conditions and Concerns

Please list any medical condition(s) and or concern(s) that you would like the MTHS personnel to know. Be as specific as possible to better help us meet your child's needs. Unless otherwise noted this information will be moved to the Critical Alert Section of Skyward if not already listed. Contact Lisa Doty, School Nurse, if you would like to discuss your child's medical conditions /concerns.

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Choice of Hospital_____

Parent/Guardian Signature_____Date_____