**Fullerton Dental Assistant School**

**2720 N. Harbor Blvd., Suite 110**

**Fullerton, CA 92835**

**(714)290-1135**

**Email: dentalassistantfullerton@gmail.com**

**Disclosure of Personal Medical Information**

As an enrolled student with Fullerton Dental Assistant School, it is important that we consider the safety and medical wellbeing of all of our students. As a student, you are required to inform Fullerton Dental Assistant School Administration of **ALL MEDICAL ISSUES.**

While this in no way disqualifies you from taking any of our courses offered, we need to make sure that we can make any special accommodations you may require. IE: periodic breaks beyond standard school schedule, a need for self-administered injections or oral medications during class time, etc.

If you have a medical condition that may cause you to have an unexpected or unexplained episode **such as, but not limited to: Asthma, Heart Condition, Diabetes, Epilepsy, Fainting Spells** which may require immediate care or ambulance services, **IT IS THE SCHOOLS REQUIREMENT THAT THIS FORM BE ON FILE.**

If something unforeseen does take place, we will call for 911 emergency services. However, please know that, we cannot and do not provide medical services.

Student Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Condition**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE: WE MAY REQUIRE CLEARANCE FROM YOUR MEDICAL DOCTOR FOR ENROLLMENT DEPENDING ON THE CONDITION LISTED.**

Do you have any special needs for the medical condition noted above? Circle Yes or NO. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature below is your acknowledgement that you have read our school policy regarding all medical conditions, which you understand and you agree to abide by it. It is also your written declaration that Eric Meyer DDS (Supervising Doctor), Noha Meyer (School Administrator) and all Instructors and Faculty accept no liability and are held harmless should any unexpected emergencies or injuries occur as a result of your condition.

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Student Signature Date

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Administrator/Noha Meyer Date