Gaston County Schools Medical Affidavit

To: The Gaston County Board of Education 943 Osceola Street – P.O. Box 1397 Gastonia, North Carolina 28053

Na	me of Student:
Th	e undersigned, being duly sworn, deposes and states:
1.	Description of illness, handicap or disability of student:
2.	Statement setting forth in detail how the reassignment will benefit the student:
3.	Beginning date of treatment for the illness, handicap or disability of student:
4.	Termination date (if applicable) of treatment for illness, handicap or disability of student:
5.	Prognosis:
Me	edical Audit
	Signature of Physician Date Psychologist
**	Psychiatrist ************************************
Cxx	varn to and subscribed before me this day of 20
SW	forn to and subscribed before me this day of, 20
Μx	Commission Expires: Notary Public: