

Gaston County Schools Medical Affidavit

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

Name of Student: _____

The 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: _____

Medical Audit _____

Signature of ____ Physician Date
 ____ Psychologist
 ____ Psychiatrist

Sworn to and subscribed before me this ____ day of _____, 20__

My Commission Expires: _____ Notary Public: _____

