Health Statement:

Is the student diabetic? __ Yes __ No If "Yes," is the student insulin-dependent? __ Yes __ No

Special Instructions ____

List all allergies (including food, medicines, vaccines, environmental, etc.): __ None

____

You are required to provide items necessary for emergency care, such as an inhaler or epi-pen.

Special instructions if exposed to allergen: ____

List any other medical problems (include details on a separate sheet if necessary):

____

____

____

In the event that my child needs to receive medical attention (including emergency, surgical, hospitalization, prescriptions, etc.) I authorize that he/she be given the attention needed and that the bill be sent to me. I also accept the privacy practices established and provided by the health care facility.

______________________________ ______________________________
PRINT Parent/Guardian's Name Parent/Guardian's SIGNATURE

______________________________ ______________________________
Parent/Guardian Social Security # Home Phone # Cell Phone #

____
Street Address City State Zip

If you cannot be contacted in an emergency, please designate who to contact next.

____
Emergency Contact Home Phone # Cell Phone # Relationship

Any falsification of information on this application may result in the application being rejected or the student being dismissed, if discovered after acceptance.

Sworn to and subscribed before me the ____________ day of ______________________________, ___________.

____
NOTARY PUBLIC - STATE AT LARGE

(SEAL)

My commission expires: ____.

THIS PERMISSION FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH YEAR.