



Student: _____ DOB: _____ School Year: _____

School (circle one): RCES RCMS RCHS Grade: _____ Teacher: _____

Field Trip Location: _____

Parent/Guardian & Phone(s): _____

Physician Name & Phone(s): _____

Dear Parent/Guardian:

If your student has any specific health or medication concerns of which we should be aware of, please check the appropriate boxes below and supply any necessary information regarding the concerns.

Check all that apply:

<input type="checkbox"/>	My student does not have any health or medication concerns.
<input type="checkbox"/>	My student has a known health condition and there are medical instructions and/or medication at school. Please follow the instructions as indicated. <i>Medical conditions with activity restriction's require a clearance from your health care practitioner.</i>
<input type="checkbox"/> <input type="checkbox"/>	My student has a known health condition and there are medical instructions and/or medication at school. Please follow the instructions as indicated. My student has a known health condition and does not have current medication or a medical device at school. I hereby give permission for the teacher to supervise the administration of one or more of the following medications: <i>I will send the following medication along with my student:</i>
	<input type="checkbox"/> Inhaler <input type="checkbox"/> Glucometer/Snacks <input type="checkbox"/> RX medication _____ <input type="checkbox"/> Epi-pen <input type="checkbox"/> Nebulizer & Equipment <input type="checkbox"/> Other: _____
<input type="checkbox"/>	Comments/additional instructions: _____ _____

Parent/Guardian signature: _____ Date: _____