



\*\* In case of a serious accident or sudden serious illness and I cannot be reached, I hereby give the following permission(s):

A. Take my child to the emergency at: \_\_\_\_\_ (Name Hospital)

B. Call my physician: Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONFIDENTIAL HEALTH INFORMATION** - My child has the following allergies and/or special health needs:

\_\_\_\_\_ ALLERGIES (VERY IMPORTANT) \_\_\_\_\_ Ear/Hearing \_\_\_\_\_ Asthma \_\_\_\_\_ Heart  
\_\_\_\_\_ Eating \_\_\_\_\_ Physical Limitations \_\_\_\_\_ Bowel/Bladder \_\_\_\_\_ Emotional  
\_\_\_\_\_ Skin Condition \_\_\_\_\_ Convulsions \_\_\_\_\_ Eye/Vision \_\_\_\_\_ Speech/Lang.  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Headaches \_\_\_\_\_ Other: \_\_\_\_\_

Please explain all that is checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child be taking ANY medications at school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES please fill out the Medication form.  
\_\_\_\_\_

\_\_\_\_\_ My child has no health concerns/issues.

**\*\* NO TREATMENT CAN BE GIVEN WITHOUT PERMISSION OF PARENTS OR GUARDIANS \*\***

**118.13 Pupil discrimination prohibited.** (1) No person may be denied admission to any public school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.