



**FOR THE SAFETY AND PROTECTION OF YOUR CHILD, DOES YOUR CHILD HAVE ANY ALLERGIC REACTIONS OR MEDICAL PROBLEMS?**

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain, or call Karen Calicchia at Stillwater High School at 373-6100

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS YOUR CHILD REQUIRED TO TAKE DAILY MEDICATION?**

(No medication is allowed on school buses)

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

	DATE	RECEIVED BY
Request Received at School		
Request Approved		