

(Please fill out the information on the back)

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 Adel Reilly at Stillwater High School at 373-6100 Ext. 30050

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		