

Mt. Pleasant High School

Dear Parent/Guardian,

In compliance with California Education Code Section #49423, if or when a student needs to take medication at school he/she must first have a Medical Release Form signed by the PHYSICIAN and the parent on file at the school he/she is attending. Forms are available at the school health/attendance office.

Please complete the form below as it pertains to your child. If none of these apply to your child, please indicate by checking the space marked "none". After completing this form, please sign it date it and return it with the registration packet.

Thank you
Health Care Tech

Student's Name: _____

Student's date of birth: _____

Transferring in from what: STATE _____ COUNTY _____

Has your child had Chicken Pox (varicella) **yes** **no** if yes, when _____

Does your child have:

Heart Problems**yes** **no**
Treatment _____

Allergies.....**yes** **no**
To What? _____

Diabetes.....**yes** **no**
Treatment _____

Bee Sting Allergy**.....**yes** **no**
Carries an Epi-Pen**yes** **no**

Seizures.....**yes** **no**
Treatment _____

Other Health Problems.....**yes** **no**
Please explain _____

Asthma**.....**yes** **no**
Carries inhaler _____

If you check **yes to any of these questions, the Medication Release Forms **MUST** be on file in our health office.

It is the parent's responsibility to notify the school (ED Code;#12020) if there, is any change in the child's health, which affects his/her ability to take physical education or if he/she needs to be placed on regular medication.

PARENT'S SIGNATURE

DATE