Permission Slip – Medical Information
Division of Independent Studies
2010-2011

(Emergency medical forms filled out at registration will also be on hand at the Ranchwood Campus of MCS.)

For _____ _____
Child's full name *Grade*

This form is required to be filled out, signed, and returned before your children will be permitted to participate in classes at Ranchwood. One form is required for each child.

This information is crucial to the health and safety of your child(ren) during classes. Please take the time to fill this information out thoroughly. Don't assume we already know this information.

_____ My child has no dietary restrictions.

_____ My child has dietary restrictions. Explain below.

Food allergies - please list any dietary restrictions in detail, including caffeine, sugar, food dyes, etc.

_____

_____

_____

_____ My child has no physical problems.

_____ My child has physical limitations, problems. Explain below.

Please list in detail any restrictions in physical activity, including any physical problems your child might have difficulty with during Friday classes, including asthma, diabetes, heart problems, allergies, etc. Be specific.

_____

_____

_____

List any other information you think we need to know about your child during classes:

_____

_____

_____ Parent Signature

_____ Cell Phone for emergencies (during RW classes)

_____ Home Phone

_____ Date