

If you have questions or need the help of an interpreter, please call your school office.
Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.
Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

NS M-14

Clovis Unified School District

Rev. 7/02

PARENT/GUARDIAN REQUEST & PHYSICIAN'S ORDERS FOR STUDENTS WITH SEIZURE DISORDERS TO PARTICIPATE IN SWIMMING PROGRAM

Dear Parent/Guardian:

For the protection of your child and as part of Clovis Unified School District's guidelines for students with seizure disorders to participate in swimming, the following must be done before a student with seizures (or taking medication for seizures) can participate in swimming.

1. A written request from the student's parent/guardian stating the student can participate.
2. The student's physician must give written permission (see below) for the student to participate in swimming.
OPTIONAL: Student to wear a medic-alert bracelet/necklace.

If you have any additional questions regarding the above guidelines, please contact me at 327-2780.

Days: Monday-Friday from 7:15 am to 3:15 pm. Fax number: 327-2790.

Sincerely,

Debra Hopkins, RN, RCSN School Kastner
School Nurse

PLEASE RETURN OR FAX THIS PORTION OF THE REQUEST TO THE SCHOOL/FAX NUMBER ABOVE

Student's Name _____ Birthdate _____

____ Yes, I would like to request that my child participate in this year's swimming program to include the following:

- ____ 1. Underwater swimming ____ 2. Diving ____ 3. Swimming during inclement weather

____ No, I do not want my child to participate in this year's swimming program.

Parent/Guardian Signature _____ Date _____

PHYSICIAN'S ORDERS

Student's Name _____ may/may not participate in the swimming program at school.
(circle one)

Special Instructions: _____

Physician's Name _____ Phone _____
(Please print or type)

Physician's Signature _____ Date _____

Address _____ City _____ State _____ Zip _____