

Parent/Guardian Request & Physician's Orders for Students with a Seizure Disorder to Participate in Swimming Activities

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.

(CHECK APPROPRIATE SCHOOL)

<input type="checkbox"/> EL DORADO HS (530) 622-3634 561 Canal St. Fax (530) 622-1802 Placerville CA 95667 Nurse: Todd Hamor, RN, ext. 7137	<input type="checkbox"/> PONDEROSA HS (530) 677-2281 3661 Ponderosa Rd. Fax (530) 677-2299 Shingle Springs CA 95682 Nurse: Kelly James, RN, MS, ext. 7140	<input type="checkbox"/> INDEPENDENCE HS (530) 622-7090 4675 Missouri Flat Rd. Fax (530) 642-2291 Placerville CA 95667 Nurse: Todd Hamor, RN, ext. 7137
<input type="checkbox"/> OAK RIDGE HS (916) 933-6980 1120 Harvard Way Fax (916) 933-6987 El Dorado Hills CA 95762 Nurse: Amber Uber, RN, MSN, ext. 7114	<input type="checkbox"/> UNION MINE HS (530) 621-4003 6530 Koki Lane Fax (530) 622-6034 El Dorado CA 95623 Nurse: Diana Campbell, RN, BS, ext. 7103	<input type="checkbox"/> VIRTUAL ACADEMY (530) 622-6212 6540 Koki Lane Fax (530) 622-1071 El Dorado CA 95623 Nurse: Diana Campbell, RN, BS, ext. 7103

Dear Parent/Guardian:

Students participate in swimming instruction during their Life Fitness class with one teacher supervising 35 to 40 students in the pool. They may also participate in other swimming activities. For the protection of students with a seizure disorder, the following must be done before a student with a seizure disorder can participate in swimming.

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

Please complete the parent/guardian request below, then send this form to your physician to fill out and return to the school. If you have questions regarding the above, please contact the school nurse.

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

PARENT / GUARDIAN REQUEST

Student's Name: _____ Student's Birth Date: _____

- YES, I request that my child participate in the swimming program/activities this year.
- NO, I do not want my child to participate in the swimming program/activities this year. My child will be enrolled in an alternate Life Fitness activity during the swimming unit.

Parent/Guardian Signature: X _____ Date: _____

PHYSICIAN'S ORDERS

Student's Name _____ may may not
participate in the swimming program/activities at school.

Special Instructions: _____

Phone: _____

Physician's Name: _____
(PRINT OR TYPE)

Physician's Signature: X _____ Date: _____