**EL DORADO UNION HIGH SCHOOL DISTRICT**

**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**)

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| ☐ **EL DORADO HS**  (530) 622-3634  561 Canal St. Fax (530) 622-1802  Placerville CA 95667  Nurse: Todd Hamor, RN, ext. 7137 | ☐ **PONDEROSA HS** (530) 677-2281  3661 Ponderosa Rd. Fax (530) 677-2299  Shingle Springs CA 95682  Nurse: Kelly James, RN, MS, ext. 7140 | ☐ **INDEPENDENCE HS** (530) 622-7090  4675 Missouri Flat Rd. Fax (530) 642-2291  Placerville CA 95667  Nurse: Todd Hamor, RN, ext. 7137 |
| ☐ **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 | ☐ **UNION MINE HS**  (530) 621-4003  6530 Koki Lane Fax (530) 622-6034El Dorado CA 95623  Nurse: Diana Campbell, RN, BS, ext. 7103 | ☐ **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.**

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| **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:** |  | |

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| **PHYSICAN’S ORDERS** | | | | | | |
| **Student’s Name** |  | | | ☐ may ☐ may not  participate in the swimming program/activities at school. | | |
| **Special Instructions:** | |  | | | | |
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| **Physician’s Name:** | |  | | | **Phone:** |  |
|  | | (PRINT OR TYPE) | | |  |  |
| **Physician’s Signature:** | | | **X** | | **Date:** |  |