

**Allergies:** Please note that a supplemental Allergy Action Plan may be required

Please indicate all allergies:

**Dietary Restrictions:**

Please indicate all dietary restrictions and indicate if the restriction is preference or medical:

**Medications and / or Medical Conditions:** Please note that a supplemental Health Plan may be required

Please indicate all medications taken regularly and any medical conditions that may be relevant:

**Emergency Transport:**

Welsh Hills School **HAS PERMISSION** to secure emergency transport for my child in the event of an illness or injury that requires medical treatment, or emergency evacuation. Emergency Medical Services will determine the facility to which my child will be transferred as may be medically necessary.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Transport:**

Welsh Hills School **DOES NOT HAVE PERMISSION** to secure emergency transport for my child in the event of an illness or injury that requires medical treatment, or emergency evacuation. Emergency Medical Services will determine the facility to which my child will be transferred as may be medically necessary.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The information contained in this form is complete and correct:**

Parent / Guardian Initials:	Date:	WHS rep initials:	Date:
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