

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 (559) 327-3077

Days: M - F from 8:00 am to 3:00 pm. Fax number: (559) 327-3090

Sincerely,

Sarah Wilson RN School Buchanan High School  
School Nurse

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**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 \_\_\_\_\_