

Lincolnshire-Prairie View School District 103

Medical Fax Cover Letter

Child's Name: _____ Grade level _____

Child's Name: _____ Grade level _____

Child's Name: _____ Grade level _____

Child's Name: _____ Grade level _____

Child's Name: _____ Grade level _____

Parent Name (Please Print)

Parent Phone Number and/or Email Address

Number of Pages Including Cover Page _____

All medical documents are valid for a duration of 13 months.

Please indicate below the documents you are submitting.

- Certificate of Child Health Examination**
- Dental Examination Form**
- Eye Examination Form**

Additional Supporting Health Documents – Please submit the following forms if applicable.

- IHSA/IESA (Sports) Pre-Participation Exam**
- Authorization to Administer Prescription and/or Over the Counter Medication**
- Allergy History Form**
- Illinois Food Allergy Emergency Action Plan and Treatment Authorization**
- Parent Agreement for Child to Carry Asthma Inhaler**
- Asthma Action Plan**
- Dental Examination Waiver Form**
- Eye Examination Report**