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 _____
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