

# Lincolnshire-Prairie View School District 103

## Medical Fax Cover Letter

Child's Name: \_\_\_\_\_ Grade level in \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Grade level in \_\_\_\_\_

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Parent Name (Please Print)

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Parent Phone Number and/or Email Address: \_\_\_\_\_

Number of Pages Including Cover Page \_\_\_\_\_

All medical documents are valid for one year; sports physicals are good for 395 days.

### **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**