



MEDICAL MISCELLANEOUS INFO

Creative Frontiers School, Inc.

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**Optional: Authorization for Pain Reliever
and/or Delay of Physicians Report**

Dear Parents,

YOUR CHILD'S NAME: _____

If your child comes to the office with a headache, toothache, temperature, etc., we will need to get your permission at that time to give your child your choice of a pain reliever. If you prefer to allow Creative Frontiers to administer medication for these minor pains or related without being disrupted at work, please fill out the form below and return it to the office to be included in your child's student file for future references. If your child is given something for pain during the day, either a teacher's note will be sent home or the teacher will inform you that day.

I authorize Creative Frontiers to give my child a pain reliever if needed & understand I will be notified.

Parent or Guardian's Signature: _____ date: ____ / ____ / ____

DELAY OF PHYSICIAN'S REPORT

The purpose of this form is to identify the lack of a physician's statement on file for any child in attendance at Creative Frontiers. This form or the physician's statement must be on file before attendance can be granted. Please complete, if necessary, the following sections:

For Delay Request: Because of my schedule or my child's physician's, I am unable to get the completed physician's statement back to the school by their first day of school. I understand that this form is required and I will have it completed in no more than 30 days.

To the best of my knowledge, my child is in good health and I assume all risks for this decision. I understand that Creative Frontiers has the right to generally inspect my child upon admission each day when I arrive & if deemed appropriate disallow admission for general health concerns.

YOUR CHILD'S NAME: _____

Parent or Guardian's Signature: _____ date: ____ / ____ / ____