



## AGREEMENT

I, \_\_\_\_\_ agree that the following people have my permission to pick up  
 \_\_\_\_\_ at the RULH Elementary or High School:

Name	Relationship	Address & Phone Number

These people will be asked to show proper identification when picking up your child. If at any time names are to be added or removed an updated form must be completed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## ANNUAL UPDATE

### PLEASE COMPLETE CONFIDENTIAL INFORMATION TO BE SHARED WITH TEACHING STAFF

Does your child have asthma as diagnosed by a physician? \_\_\_\_\_

Has your child had any allergic reactions to medications, foods, or insects? \_\_\_\_\_ If yes, please list care required:  
 \_\_\_\_\_

Has your child had any allergic reactions to bee stings? \_\_\_\_\_ If yes, please list care required:  
 \_\_\_\_\_

Has your physician diagnosed your child hyperactive? \_\_\_\_\_ If yes, please list medication, amount and time of administration:  
 \_\_\_\_\_

Does your child have a seizure disorder as diagnosed by a physician? \_\_\_\_\_ If yes, please list medication, amount, and time of administration: \_\_\_\_\_

Has your child been identified as having a bleeding tendency? \_\_\_\_\_

Does your child have diabetes? \_\_\_\_\_ If yes, please list the insulin type, amount and time given \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_ If so, is the correction for near vision difficulties? \_\_\_\_\_  
 \_\_\_\_\_ Or distance vision difficulties? \_\_\_\_\_

Please list any other health concerns you have for your child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### List below all school aged children living in the household:

First Name	Last Name	Grade	First Name	Last Name	Grade

#### STATEMENT OF NONDISCRIMINATION

The Ripley-Union-Lewis Huntington Local Schools (RULH) affirms that equal opportunities are offered without regard to race, color, religion, sex, military status, national origin, disability, age, ancestry or genetic information of a person. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or designated coordinators. This policy shall prevail over all Board policies concerning school employees and students.