



SPECIAL MEDICAL INFORMATION

Student(s) Name _____

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You the parent(s) or guardian(s) of the child or children named above, agree that it is your responsibility prior to the enrollment or upon diagnosis to bring to the School's attention your child's sensitivity to any conditions or substances which may cause an allergic reaction, as well as any accommodations which are reasonably necessary for health reasons. While the School will make requested reasonable accommodations consistent with applicable law, it cannot guarantee that your child will not be exposed to substances which may cause an allergic reaction. You hereby release the School from any and all claims, which are not the result of the School's negligence, arising out of your child's exposure to substances or environmental conditions to which your child may be allergic.

If your child does have such a sensitivity you have previously submitted, or simultaneously are submitting, the "Upland Emergency Form" provided you.

Parent/Guardian

Signature: _____ Date: _____ 2010

Parent/Guardian

Signature: _____ Date: _____ 2010