

**Extended School Year Summer Program  
Parental Permission – Health Update Form**

\_\_\_\_\_ Date \_\_\_\_\_

Student's Name

**MEDICATION:** Please supply us with information (name and dosage) on any medication your child takes regularly. If the student will need to be given medication while at ESY, please indicate so we may send home the correct forms for your signature.

Medication: \_\_\_\_\_

Directions/Dosage: \_\_\_\_\_

Please send me a form so the teacher may administer medication.

YES \_\_\_\_\_ NO \_\_\_\_\_

**HEALTH PROBLEMS:** Please list any health concerns, medication, or allergies about which you wish your child's ESY teacher to know.

\_\_\_\_\_  
\_\_\_\_\_

**FEEDING NEEDS:** If your child has special needs related to feeding and food allergies please include this information. Also include methods, likes and dislikes (example, Can your child eat regular food or does he need blended, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Parents, please return this ESY form to your child's teacher, completed and signed by you, as soon as possible.