

2019 Maclay Summer Camp Clinic Card

Confidential

Permission to Treat and Transport:

I understand that in the event the parent/guardian cannot be reached the school has my permission to take appropriate emergency action, including calling 911. I understand it is also my responsibility to update the school as needed regarding any medical information which may impact my child during the school day.

Parent Signature REQUIRED _____ **Date** _____

I authorize administration of the following, in the recommended dosages for age and weight to my student:
(Please initial your preference and then sign below)

Acetaminophen for minor aches/pains	Yes_____ No_____ Call first_____
Ibuprofen (Advil) for minor aches/pains	Yes_____ No_____ Call first_____
Neosporin ointment for minor cuts/abrasions	Yes_____ No_____ Call first_____
Anti-itch gel, spray or lotion for itchy bites or rashes	Yes_____ No_____ Call first_____
Antacids (Tums)	Yes_____ No_____ Call first_____

Current Medical Condition	Yes or No	Comments
Allergies		Epi-Pen Y / N (circle one)
Asthma		Inhaler @ School Y / N (circle one)
Visual Problems		Glasses, Contacts or None (circle one)
Hearing Problems		
Headaches		
Seizures		
Syncope (Fainting Spells)		
Blood Disorders		
Other		
Other		
ADD/ADHD (circle one) Rx Y / N (circle one)		
If Yes, list daily dose and time in Current Medications below.		
Diabetes - Insulin Administration During School - Y or N (circle one)		
If Yes, list Insulin type and delivery system in Current Medications below.		

Current Medications: Please list any medication taken routinely with daily dose, time and reason taken.

Emergency Medications prescribed.

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Name: _____