

LAUREL SCHOOL/LAUREL DAY CAMP HEALTH FORM AND AUTHORIZATION TO ADMINISTER MEDICATION

This form must be completed for enrollment and be signed by a parent/legal guardian for each student or camper. Please read each section carefully for instructions.

School/Camp Year _____

Child's Full Name _____ DOB _____

Parent/Legal Guardian Full Names _____

Doctor/Licensed Practitioner _____ Phone _____

Doctor's Address _____

Family Dentist/Orthodontist _____ Phone _____

Doctor's Address _____

PART I

My child has allergies: YES NO

My child has special medical needs: YES NO

If you checked YES for either of these answers, complete PART II below thoroughly. If you checked NO for both, please sign here and submit this form to the business office with your yearly physical and immunization records.

Parent/Legal Guardian Signature _____ Date _____

PART II

My child has allergies to: Taste Touch Smell

My child is allergic/sensitive to _____

Medications must come in the original container, prescription drugs must have the pharmacy label attached. All containers must be marked with the child's name, name of the drug, dosage, route and frequency of administration. All medications (prescription or OTC) must be checked in the office.

PRN Medication(s) – include all and when to give Benedryl vs. Epi Pen, PRN inhalers, or any other emergency medications.

Name _____ Dosage _____

Route _____ When to be given _____

Diagnosis or health care condition _____

Name _____ Dosage _____

Route _____ When to be given _____

Diagnosis or health care condition _____

Daily Medication(s) – includes any prescription or over-the-counter (OTC) medications.

Name _____ Dosage _____

Route _____ When to be given _____

Diagnosis or health care condition _____

Name _____ Dosage _____

Route _____ When to be given _____

Diagnosis or health care condition _____

Doctor/Licensed Practitioner Signature _____ **Date** _____

As the parent/legal guardian of this child, I release The Laurel School and/or Laurel Day Camp and its personnel of any liability related to the administration of medication(s) above.

Parent/Legal Guardian Signature _____ **Date** _____