

**MACLAY SCHOOL SUMMER CAMP 2017**  
**CONFIDENTIAL Student Health and Emergency Information**

Student Name (Last, First): \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Summer Camp: \_\_\_\_\_ Preferred Contact Ph. Number: \_\_\_\_\_

**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 _____

**Parent Signature REQUIRED** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list any illnesses, conditions or alerts.** \_\_\_\_\_

**\*Please note:** If student medication is being stored in the clinic during the summer, a "Permission form for Administration of Medication at School" must be completed and signed. Form in the clinic.