

# Early American Summer Programs

## HEALTH / MEDICATION INFORMATION

Child's name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

***Please attach a copy of your child's current physical (valid within one year) including immunization history.***

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***Check if "yes" and please explain***

Have a known allergy or health condition which may affect his/her ability to participate in any activities?

\_\_\_\_\_

Have a known allergy or sensitivity to a particular food or medication?

\_\_\_\_\_

Been exposed to any contagious disease within the past month?

\_\_\_\_\_

Been out of the country within 2 weeks prior to attending this program?

\_\_\_\_\_

Have any behavioral, physical, emotional, or mental health issues of which our staff should be aware?

\_\_\_\_\_

\_\_\_\_\_

Take a prescribed medication or treatment of any kind?

\_\_\_\_\_

Will child require medication to be given while at Storrowton Village? Yes \_\_\_\_ No \_\_\_\_

### MEDICATION OR TREATMENT AUTHORIZATION

Medication \_\_\_\_\_ Prescription \_\_\_\_\_ Non-Prescription \_\_\_\_\_

Dosage \_\_\_\_\_ Directions for storage \_\_\_\_\_

Date(s) and time(s) for medication to be given: \_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

*If your child must have medication administered while at Storowton Village, please provide medication in the original container with the child's name and the original prescription attached. All medications will be stored in the Village office; you may retrieve any containers at the end of each day.*

### SUNSCREEN APPLICATION AUTHORIZATION

Parents/guardians are responsible for applying sunscreen to their child prior to arrival. If necessary, parents/guardians should provide sunscreen for their children while at Storowton Village for program staff to reapply later in the day. The parent/guardian must label the sunscreen bottle with the child's name. All sunscreen bottles will remain in our staff's care and is stored on-site. Additionally, parents/guardians may also encourage their child to wear a hat when playing outdoors. Please teach your child how to apply sunscreen correctly and talk with your child about the importance of applying sunscreen.

I DO NOT give permission for Storowton Village Museum staff to apply sunscreen on my child.

I give permission for the staff at Storowton Village Museum to apply a sunscreen product on my child, as specified below, when they will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

Staff may use the sunscreen that I am providing as needed.

In the event that my provided sunscreen is not available, I give permission to use any available sunscreen as needed.

Please do not apply sunscreen to the following areas of my child's body:

\_\_\_\_\_.

### PARENT/GUARDIAN AUTHORIZATION

This health history is correct and complete to the best of my knowledge. If applicable, I authorize Storowton Village Museum staff to administer the medication and/ or sunscreen I have provided for my child as indicated above.

In case of emergency, I give consent for any necessary examination and/or medical treatment for my child as prescribed by an attending physician. In the event that I cannot be reached in an emergency, I give permission to Storowton Village to arrange necessary transportation for my child to the closest emergency facility. I agree to be responsible for all medical expenses incurred on behalf of my child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_