SMS Summer Program Medication Administration Authorization Form

Student Name:	DOB:
Program: Toddler/Children's House(circle one)	Age:
Allergies****	Weight:
Medical Conditions (asthma, diabetes, etc.):	
Topical Applications:	
Sunscreen (Must be supplied and labeled by ea	ch individual student)
Insect Repellant (Must be supplied and labeled	by each individual student)
Your child will not be allowed to keep any medication must be in original container with pharmacy label container with pharmac	
the dosage, directions for administration, and the chile in their original containers, clearly labeled with the chile for use.	d's name. All non-prescription medication must be
- Prescriptions are to be brought to the program	the prescription medication must be signed by the ation.
Parent/Guardian Signature:	Date:

First Aid/ CPR Training/ Allergies

All SMS staff are CPR & First Aid certified. All staff are also trained in the use of an Epi- Pen for emergency situations. Any first aid required by the child will be documented and communicated with the parent. An incident report will also be filed for any injury.

A first aid kit will be readily available to all staff in case of emergency.

If a child becomes ill, the following procedures will be implemented:

- Isolate the child from other children, with a program staff member.
- Clean the area using appropriate precautions.
- Call parents to inform of the illness to pick up the child.

Health Forms

physical.

recoi	rd to have on file.
	My child is enrolled at SMS for the 2023-2024 school year. His/her annual physical is on file at the nurse's office
	My child is not enrolled at SMS for the 2023-2024 school year. I understand that my child cannot start in the summer program until the school administration receives a copy of my child's annual

All students enrolled require a recent annual physical (dated within the past year) and immunization