

Medical Form

Instructions to Parent:

1. Complete the following items, as appropriate, if you child has a conditions(s) which might require emergency medical care.
2. If necessary, have your child's heath practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____
Medical Condition(s): _____

Medications currently being taken by your child: _____

Please indicate if your child has had any of the following:

Asthma Blood/Clotting Disorders Diabetes
 Epilepsy Heart Defects/Disease Seizures
 Other _____

Allergies: List all including medications, food, environmental and insect. Note: The College cannot provide a peanut free environment.

<i>Allergy</i>	<i>Reaction</i>	<i>Treatment</i>

Medication:

HCC Staff are not authorized to administer any medication, prescription, non-prescription or over the counter to students. If a student needs to take medication during class, an Authorization to Self Medicate form provided and completed by your child's physician must be on file with the HCC College for Kids office.

Physician's signed Order For Self-Administration of Medication at CFK – One Medication Per Form

Reason for medication: _____
Name of medication: _____
Dosage: _____ Route: _____
Time of self-administration: _____

Please list any specific precautions or unusual effects that might be observed: _____
 It has been determined that this student is able to self-administer this medication with supervision.
 It has been determined that this student is able to self-administer and carry inhalant medication for Epi-pen and has been trained in its use, including knowing when the medication is to be used.
 It has been determined that this student is able to self-monitor insulin levels, determine dosage amounts and self-administer insulin.

Physician Signature: _____ Date: _____
Physician Name: _____ Address: _____
_____ Phone: _____