



school to contact the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Preferred Hospital: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

**Allergic to:**

- Bee Stings
- Medication: \_\_\_\_\_
- Food: \_\_\_\_\_
- Other: \_\_\_\_\_

**Medical concerns:**

- Asthma (treated with nebulizer or inhaler)
- Diabetes
- Seizure Disorder
- Other: \_\_\_\_\_

Special Services: IEP \_\_\_\_\_ 504 \_\_\_\_\_

**MEDICATIONS & PROCEDURES**

\*List any medication or procedures (tube feedings, etc.) that need to be administered **DURING SUMMER PROGRAM HOURS** (including name and dosage). A current **physician's medical authorization form** must be submitted for any medications or procedure listed below; otherwise the medication or treatment cannot be administered. **Forms MUST be submitted prior to the start of your child's summer program in order for your child to attend.**

Is there any emergency medication prescribed (e.g. EpiPen, etc.): Yes \_\_\_\_\_ No \_\_\_\_\_

Medication	Procedure	Administration Time and Dosage (per order)

I hereby request the medication listed above be administered to my child by the school nurse in accordance with State regulations and the Farmington Public Schools standing orders. \*

**Summer staff and nurses DO NOT have access to your child's school medical record therefore it is your responsibility to notify summer staff of any and all medical concerns that might impact him/her during this program by listing them below. If your child requires routine medications, emergency meds, a G-tube feeding, or other specific treatments, consult your current school nurse PRIOR to the end of the school year to verify that you have the proper forms to be signed by your medical provider (to be attached to this application) and supplies (spacers, feeding equipment, etc.) in order.**

Please share any additional concerns or issues that you have about your child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_