

Treatment: _____ Reaction/Reaction Time: _____

Has your child been diagnosed or treated for a vision, speech, or hearing impairment? Yes No

Does your child wear glasses/contacts or hearing aids: Yes No Explain: _____

Has your child been diagnosed or treated for behavioral, developmental, or learning disabilities? Yes No

If yes, please explain: _____

Does your child require assistance as defined by the Americans with Disabilities Act? Yes No

If yes, please explain: _____

Medication Policy:

All routine, regularly scheduled or as needed medications and treatments administered in the program setting must be authorized in advance by a licensed health care provider. This includes nebulizer or inhaler treatments for asthma, medications, ointments, or dressing changes to the skin and all over the counter medication (OTC's) such as Tylenol, Motrin, Cough Medicine, and Cough Drops. A note from the parent/guardian does not authorize the nurse or designee to provide these treatments. Before the nurse or designee can administer any medications or treatments the "Authorization to Administer Medication in Program" form must be completed by the parent/guardian. The parent/guardian must provide to the Director the prescribed medication stored in the original container with an appropriate pharmacy label on each bottle. All labels must include the camper's name, dose, route and time of administration of the medication.

No camper is permitted to carry any medication in his/her pocket or backpack unless special permission is granted. All medication will be kept secure in a locked cabinet in the TOPS Office and dispensed by the nurse or designee.

I/We have read and will abide by the program's medication policy. _____

Parent/Guardian Signature

Date