

MDS Summer Camp Emergency Treatment Form

(One form per student. Please print legibly.)

June 10th – 14th, 2024

Student's Name: _____ Gender: _____ Age: _____ Date of Birth: ____/____/____

Primary Address: _____

Parent/Guardian 1 Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian 2 Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

If parents are separated or divorced, who has legal custody? _____

Please list two people who will assume temporary care of your child if those listed above cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

It is very important for the safety of your child, that we know if they are taking any MEDICATIONS, has any ALLERGIES, or has any other HEALTH CONDITIONS. Please check and describe any conditions that apply to your child. (Use additional paper if necessary).

Medications (list name and dosage): _____

Allergies (please check all that apply and list the specific nature of the allergic reaction):

Animals: _____

Insect Stings: _____

Food: _____

Plants: _____

Medication or Drugs: _____

Other: _____

Please check the medications listed below that you will permit MDS to give to your child. (If not checked, that specific medication will NOT be administered). A courtesy email or a form listing the medication, reason, dosage, and time will be sent to a parent/guardian the day MDS dispenses Acetaminophen or Ibuprofen to a student.

Tylenol (Acetaminophen)

Motrin (Ibuprofen)

Antibiotic Ointment

Cough Drop

Anti-Itch Cream

If your child requires a special form of Acetaminophen, Ibuprofen or cough drops, (I.E. dye free, liquid, chewable, etc.), please drop off a NEW, UNOPENED bottle placed in a clear plastic bag with your child's name clearly labeled on it to the office and note it here:

SEE BACK OF PAGE

Student's Name: _____

Illness/Injuries (Please check all that apply and list the specific nature and dates of the illness or injury):

- Chronic or Recurring Illness: _____
- Seizures: _____
- Asthma: _____
- Diabetes: _____
- Broken Bones: _____
- Heart Defect/Disease: _____
- Other: _____

Other Health Conditions (Please check all that apply and list the specific nature of each):

- Motion Sickness: _____
- Fainting: _____
- Glasses/Contacts: _____
- Nosebleeds: _____
- Hearing Impairment: _____
- Special Diet: _____
- Other: _____

Explain any restrictions for activities (I.E. What cannot be done? What adaptations or limitations are necessary?):

Insurance and Doctor Information:

Insurance Provider: _____ Policy No.: _____

Doctor (1st choice): _____ Phone: _____

Doctor (2nd choice): _____ Phone: _____

Parent/Guardian Signature

I understand that medical or accident insurance coverage is required while my child is enrolled at Morganton Day School. I verify that all information on this form is true and correct to the best of my knowledge. In the event of a medical emergency while my child is attending Morganton Day School, and parents/legal guardians cannot be contacted, the administration has the authority to take whatever action is necessary to assure prompt medical attention. Morganton Day School will not be held financially responsible for emergency transportation and/or treatment of my child.

Parent/Guardian Signature: _____

Date: _____

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