**2018-19 MEDICAL FORM**

Swampscott

Extended Day

Before and Afterschool Program

Student’s Full Name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle one or more:**  Clarke Hadley Stanley SMS DOB/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle one of the following** Morning Program Afternoon Program Both

T op of Form

**My student/s has/have no known allergies**.



**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the following allergy: Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the following allergy: Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has the following allergy: Allergy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My student/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has/have no known allergies, and I give permission for my student/s to eat snack given by the staff at the Extended Day Program. I will alert the staff immediately if allergies develop.**

**My student/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has /have allergies and I will supply snack for my child to have while attending the Extended Day Program.**

***My student has other non-food allergies/health limitations***



Is there any other information about your student’s learning, health, or social development that you wish for Extended Day to know about? If so explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Example:** Has anxiety. Needs to have directions repeated. Runs off when upset.

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**Name/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is/are receiving services for an Education School Plan (check applicable)**

**IEP 504 Accommodation Plan**



**I give permission for the (circle one) Clarke Hadley Stanley SMS School to share important information from this plan with Extended Day Staff.**



**I do not give permission to share important information from this plan with Extended Day Staff.**



Bottom of Form

**AUTHORIZATION AND CONSENT**

I authorize staff members at Extended Day who are trained in the basics of First Aid/ CPR to give my student/s First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my student/s. If the Director of Extended Day and/or Site Coordinator is unable to reach me, I hereby authorize the Director of Extended Day and/or Site Coordinator to call 911 and if necessary transport my child to the nearest medical facility.

Parent /Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_