

PORTER'S

FARMINGTON

Porter's Summer Programs 2009 Health Form

REGISTRATION WILL NOT BE ACCEPTED WITHOUT SIGNED and COMPLETED HEALTH FORM

Physical Exam

Please provide the Summer Programs office with a copy of your daughter's most recent physical exam including proof of immunizations. Example physical forms can be found on our website or your doctor can use his or her preferred form. **No student will be allowed to enroll without a completed physical that has been performed or reviewed and signed off by a physician within one year of our programs.**

Medical Insurance

All campers must have their own medical insurance coverage. Students will not be allowed to attend Porter's Summer Programs unless the following information has been provided and the form signed by the student's parent or guardian.

Name of Student _____

Student's Insurance Company _____

Policy Number _____

Please provide us with a copy of a current health insurance card for this student.

Note: It is required that all international students and uninsured students purchase health insurance. Please visit our website for the forms necessary to purchase insurance.

Permission to Treat

I/We the undersigned hereby certify that I/we am/are the parent or legal guardian of the student. I hereby give permission to the staff of the Miss Porter's School Summer Programs to seek, during the period of the Institute program, appropriate medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention.

I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge Miss Porter's School Summer Programs and its staff, officers, agents, employees, representatives, successors, and assigns of and from all rights and claims for damages, injury, or loss to person or property that may be sustained or occur during participation in Summer programs activities while at Miss Porter's School, whether or not damage, injury, or loss is due to negligence.

I/We, the undersigned, fully understand that Miss Porter's School will not be held liable for any occurrence at Miss Porter's School Summer Programs.

Student's Signature

Parent's/Guardian's Signature

Date

Allergies

Authorization for Prescription Medications

Name of Student _____

1. We are not able to allow students to take any medication without the permission of the parent or guardian. **In addition, your daughter's physician or dentist must authorize prescription/non-prescription medications.**
2. Please provide your daughter with an appropriate quantity of each of the medicines that she may take.
3. Medicines must be turned in at registration to the designated health care provider. Medications must be in pharmacy prepared containers and labeled with student's name, name of drug, strength, frequency, physician's or dentist's name, and date of original prescription. **Controlled Medications (e.g. narcotic pain medicine, tranquilizers, Ritalin) must come in count pack containers either blister pack or 3"x5"x 1/2" count containers.**
4. Prescription medications may be taken only as ordered by the prescribing physician or dentist. Please list any special instructions for taking non-prescription medicines.
5. Any change in dosage or time of any medication must be in writing to the Program Director. Fax changes to 860-409-3515.
6. A supply of controlled drugs in the student's possession other than that received from the health care provider will result in disciplinary action.

Authorization to Administer Prescription Medications

Each prescription requires a separate form. Photocopies are acceptable.

Physician's or Dentist's Order:

Name of student: _____

Diagnosis: _____

I have evaluated and examined her on (date) _____.

Drug: (name, dose, frequency, and method of administration): _____

Medication shall be administered from: (date) _____ to (date) _____

Relevant side effects to be observed, if any: _____

If there are side effects, plan for management: _____

Is this a controlled drug? Yes ____ No ____ If yes, DEA# _____

Authorization for Non-Prescription Medication

Students may self-administer non-prescription medication only with the signed consent of parents and if parents supply the medications for their daughter. **In addition, your daughter's physician or dentist must authorize prescription/non-prescription medications.** Drop off any medications she may take with the health care provider at registration in their original containers and with the student's name clearly marked on them. Please check off all medicines your daughter has permission to take and any special instructions:

- | | |
|-----------------------------------|------------------------------------|
| _____ ibuprofen (Advil) | _____ antacid |
| _____ acetaminophen (Tylenol) | _____ vitamins (please list below) |
| _____ motion sickness (Dramamine) | _____ laxative / stool softener |
| _____ other: please list _____ | |

Physician/Dentist signature: _____ Date: _____

Print or type name: _____

Address: _____

Phone: _____ Fax: _____

Signature of Parent/Guardian Date