

ESOL AT MCDONOGH SUMMER 2012 HEALTH RECORD AND PERMISSION FOR MEDICATION

APPLICANT INFORMATION

Applicant's Full Name _____ Nickname _____

Student Home Mailing Address _____

Home Telephone _____ Home Fax _____ Student Email Address _____ Social Security Number _____

Date of Birth (mo/day/yr) _____ Age _____ Gender: M F

Country of Citizenship _____ Country of Birth _____ Grade in Fall 2012 _____

DATES ATTENDING

- Session 1: June 17-June 30 Session 2: July 1-July 14 Session 3: July 15-July 28
 Sessions 1 and 2 Sessions 1 and 3 Sessions 2 and 3 All three sessions

EMERGENCY CONTACT INFORMATION

Name of Father or Male Guardian _____

Home Telephone _____ Home Email _____

Business Telephone _____ Business Email _____

Name of Mother or Female Guardian _____

Home Telephone _____ Home Email _____

Business Telephone _____ Business Email _____

Name of Emergency Contact _____ Relationship to Child _____

Home Telephone _____ Home Email _____

Business Telephone _____ Business Email _____

Name of Physician _____

Business Telephone _____ Business Email _____

HEALTH INFORMATION

Please provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

Medication

Dosage

Time of Administration

Self-Administered Inhaler or Epipen

Signature of Prescriber

Date of Signature

My child has received the following necessary immunizations:

MMR (Measles, Mumps, Rubella)

Tetanus-Diphtheria

In the case of a medical emergency, I authorize McDonogh Summer Programs to secure emergency care for my child.

Signature of Legal Guardian

Date of Signature

This form must be completed in its entirety, signed, and returned to McDonogh Summer Programs prior to the start of the American Immersion session for which your child is registered. McDonogh Summer Programs cannot be held responsible for medical information that is withheld from this form.