

**SVS SUMMER CARE 2022**  
**Emergency Contact & Medical Consent Form**

PLEASE PRINT INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Child's Name    Home Phone    Date of Birth    Grade

\_\_\_\_\_  
Address    City    State    Zip Code

\_\_\_\_\_  
Mother's Name    Work Number    Cell Number    Email

\_\_\_\_\_  
Father's Name    Work Number    Cell Number    Email

List two other relatives or neighbors who will assume responsibility for your child in the event you cannot be contacted:

\_\_\_\_\_  
Name /Relationship    Home Phone    Cell Number

\_\_\_\_\_  
Name /Relationship    Home Phone    Cell Number

**MEDICAL ALERT:** \_\_\_\_\_  
*(Please provide information critical to the proper care of your student – e.g. Diabetic, Food allergies, Medication Allergies, etc.)*

**HOSPITAL PREFERENCE:** \_\_\_\_\_

If necessary, your child will be provided basic first aid and medication administration according to school policy (see handbook for medication guidelines). Injury assessment and intervention will include the use of topical skin antibiotic and anti-itch medication as appropriate. Pain relief medication will be administered based upon your child's level of discomfort and nature of the discomfort. Dosage will be determined by your child's weight and/or age.

Consent for Medication(s) to be administered at school by appropriate school personnel – circle YES or NO:

Acetaminophen (Tylenol)	YES	NO	Hydrocortisone Cream	YES	NO
Bacitracin Ointment	YES	NO	Ibuprofen (Advil/Motrin)	YES	NO
Children's Pepto Chews	YES	NO	Tums	YES	NO

\_\_\_\_\_  
Child's Doctor    Address    Telephone

\_\_\_\_\_  
Child's Dentist    Address    Telephone

*Information contained on this page is CONFIDENTIAL and for medical use only.*

**TURN PAGE OVER TO COMPLETE**

## Emergency Contact & Medical Consent Form

\_\_\_\_\_  
Child's Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

**ALLERGIES** (food & medication): \_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS** (Daily or as needed\*): \_\_\_\_\_  
\_\_\_\_\_

**Will your child take daily medications at SVS SUMMER CARE?** \_\_\_\_\_ If YES, you must complete the Authorization for Medication Administration Form available from the Program Director.

**Health Concerns (Dietary or Medical):** \_\_\_\_\_  
\_\_\_\_\_

### Authorization and Consent to Medical Treatment

Understanding that my child may need emergency treatment while he/she attends SVS SUMMER CARE PROGRAM, I hereby authorize the SVS SUMMER CARE PROGRAM, through the Director or other qualified personnel (administrator, resource officer, staff, etc.), to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the SVS SUMMER CARE PROGRAM will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the SVS SUMMER CARE PROGRAM is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the SVS SUMMER CARE PROGRAM may be shared with emergency medical personnel. This authorization applies to all SVS SUMMER CARE PROGRAM sponsored programs.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician and health status, and immunizations records. I agree to notify the SVS SUMMER CARE PROGRAM Director if my child is exposed to any communicable disease.

I understand that before medication is dispensed to my child, I will provide written authorization, which includes specific information required to accurately administer the medication. Medication MUST be in the original container with my child's name and dosing instructions on it and brought to the SVS SUMMER CARE PROGRAM Director by the parent or legal guardian.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

***Children will not be allowed to attend SVS SUMMER PROGRAM until this form is completed, signed and returned.***

Please provide the names of those you will allow to pick up our child. These names will be used for dismissal. If the name of the person who is picking up your child is not on this list, your child will not be allowed to leave with them.

\_\_\_\_\_  
Name and Relationship to Child

\_\_\_\_\_  
Name and Relationship to Child

\_\_\_\_\_  
Name and Relationship to Child

\_\_\_\_\_  
Name and Relationship to Child