

AMERICAN HERITAGE SCHOOL / AMERICAN ACADEMY / SUMMER DAY CAMP
PHYSICIAN AUTHORIZATION FOR MEDICATION
AND NURSING CARE
PERSONAL AND CONFIDENTIAL

PHYSICIAN'S SIGNATURE & STAMP REQUIRED BELOW

By **Law**, we are unable to administer **ANY** medicines or over-the-counter remedies without the authority of a physician. If your child needs to receive his/her prescription medicine during school/camp hours, they must arrive in a pharmacist's container, where the label clearly states the child's name, the name of the medicine, the dosage, and the frequency of the dose. The Clinic Nurses will provide name-brand, over-the-counter comfort remedies for the child with this completed Authorization, **signed and stamped** by your child's physician.

◆ **NOTE – Without PHYSICIAN'S signature and stamp – Off-Campus activities will be restricted** ◆

STUDENT NAME: _____ **DOB:** _____

Medical History: (Please list all Medications taken at home or during the school year)

Allergies: YES___ List _____ NO___
Medication _____

Asthma: YES___ Explain _____ NO___
Medication _____

Autism: YES___ Explain _____ NO___
Medication _____

ADD or ADHD: YES___ Explain _____ NO___
Medication _____

Cardiac Disorders: YES___ Explain _____ NO___
Medication _____

Diabetes: YES___ Explain _____ NO___
Medication _____

Recent Surgery: YES___ Explain _____ NO___
 Date _____ *Medication* _____

Seizure Disorders: YES___ Explain _____ NO___
Medication _____

List any allergy and diagnosis, or emergency precautions that The Clinic should anticipate for this child, i.e.: allergy triggers, diabetic reactions, etc.
 List all medications that are currently prescribed for this child. Include inhalers, Epipens, etc.

DIAGNOSIS

ORDERS – Issued by United States licensed Physician

1. _____
 Side Effects & Specific Instructions _____

2. _____
 Side Effects & Specific Instructions _____

◆ Please **CROSS OFF MEDICATIONS** the student **MAY NOT** have, and enter any additional medications needed.

MEDICATION	DOSAGE	Route & frequency	INDICATIONS FOR USE
Acetaminophen (Tylenol)	po	per bottle instructions	headache or fever
Bacitracin Antibiotic Oint.	Topical	per package instructions	cuts and abrasions
Benadryl Elixir	po	per bottle instructions	allergic reactions
Benadryl Gel	Topical	per bottle instructions	itching or bug bites
Hydrogen Peroxide	Topical		antiseptic care
Hall's Cough Drops	po	per package instructions	cough or sore throat
Ibuprofen (advil/motrin)	po	per bottle instructions	headache, general pain
Luden's Throat Lozenges	po	per package instructions	sore throat
Tums	po	per bottle instructions	stomach ache
Vaseline	Topical	per package instructions	eczema, lips

PHYSICIAN'S NAME PRINTED

PHYSICIAN'S SIGNATURE / DATE

PHYSICIAN'S STAMP – REQUIRED