

City of Augusta Childcare Bureau MEDICAL INFORMATION

Preferred Hospital: Maine General Other _____

Name of Family Physician & Practice _____

Address: _____ Phone: _____

Name of Family Dentist & Practice _____

Address: _____ Phone: _____

Do you have medical insurance covering your child? Yes No

If yes, please list the name of policy & ID# _____

1. Any current health conditions requiring medication, treatment, or restrictions while at childcare? Yes No

If yes, please specify: _____

2. Any chronic or long term illness? Yes No If yes, please specify: _____

3. Any operations or serious injuries? Yes No If yes, please specify: _____

Name any known allergies: Explain reaction and medication used:

Name any known allergies		Explain reaction and medication used
Food:		
Medication:		
Plants:		
Animals:		
Other:		

Does your child require an epi-pen? Yes No If yes, please fill out epi-pen form ([_hyperlink form_](#))

Does your child have an active Asthma plan? Yes No If yes, please fill out Asthma Care plan ([_hyperlink form_](#))

Does your child have any of the following?

Fainting spells / Convulsions / Stomach upsets / Emotional problems / Other _____ / N/A

Does your child need to be administered medication while at camp? Yes No

If yes, please list the name of Medication(s) and dosage instructions: _____

*Prescription

medication must be in the original pharmacy container with the original label attached; child's name, dosage and instructions must be legible. The medication must be turned into the Childcare desk upon arrival at Childcare and will be returned at the end of each day/week. Children may not take any form of medication on their own or keep medicines in their bags or pockets.

- I hereby authorize childcare staff to administer prescription medication(s) listed above.
- I give permission to the childcare staff to administer any standard CPR/First Aid as needed.
- I give permission to the childcare staff to administer sunscreen and bug spray as needed.

In case of a medical or surgical emergency, after every reasonable effort has been made to contact the parent or legal guardian, I hereby give my permission to the physician selected by the Childcare Director to provide whatever emergency medical or surgical treatment is necessary. I authorize the childcare staff to transport or obtain emergency transport. Parent/Guardian Signature _____ Date ____/____/____