

**Phoenix Country Day School
Campus Visitor Medical Form**

APPLICANT NAME _____ **DATE OF BIRTH** _____

Contact names and phone numbers today: _____

Please indicate any special health conditions your child may have that the school nurse should know about while your child is on campus.

Is your child sensitive or allergic to food, medications or other substances? Yes No

If you answer **yes**, please describe reaction.

Food _____ Describe reaction _____

Medications _____ Describe reaction _____

Other _____ Describe reaction _____

Does your child carry an EpiPen? Yes No Does your child carry an inhaler? Yes No

In a severe reaction emergency (i.e., allergy to medication, peanuts, bee stings, etc.), I understand that the school nurse or representative will follow Phoenix Country Day School's established protocol for Severe or Anaphylactic Reaction. This includes administration of liquid Benadryl and/or EpiPen and immediate referral to appropriate facility and a call to parents.

Emergency Treatment Release

If, in the judgment of any representative of the school, my child should need immediate care and treatment as a result of any injury or sickness, I request, authorize, and consent to such care and treatment as may be given by a school representative or physician and to transport my child to a hospital emergency room, if necessary.

<hr/> ► Signature of Parent/Guardian	<hr/> Date
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