Phoenix Country Day School

Campus Visitor Medical Form

Applicant Name_____ Date of Birth _____
First Name Last Name

Name/contact info (emergency contact and/or authorized for pick-up)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

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.

_____ _____

Signature of Parent/Guardian **Date**