

Notification of Medical Condition

Child's Name _____ Age _____

Parent or Guardian Name(s) _____

Diagnosis or Allergy including food allergies

Medication/ medical intervention required at MAYC? Yes / No (circle one)

If yes, please provide details below of medication/ medical intervention required while student is at school. If allergy, please describe severity and course of action. Please list Inhaler/Asthma Medication and EpiPen requirements as well if needed.

If your student requires medication or a medical intervention during the course of their day, it is important for you to meet with the Executive Director and/or Programming Director as deemed necessary to establish a medical protocol for your student at the beginning of each MAYC session. This meeting will insure that your student's needs are met in an appropriate manner during the course of their time at MAYC.

When is the best time for you to meet to discuss your student's condition?

Morning _____ *Afternoon* _____ *Other* _____

Medications will be kept in clearly labeled original containers. Medication will only be dispensed based on the label on the bottle. If a different time or dosage is required that what is listed on the medication, a signed note is required from a physician.

Emergency Contact Information:

(1) Phone _____ e-mail _____

(2) Phone _____ e-mail _____

(3) Phone _____ e-mail _____

***** If you have any questions about your student's condition please feel free to contact Chad@mahometyouth.org or Rhonda@mahometyouth.org.**

For only parents/guardians of students who need to carry asthma medication or and EpiPen
I authorize MAYC and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector while at MAYC, while at MAYC-sponsored activities, while under the supervision of MAYC personnel, or before or after MAYC activities. MAYC and its employees incur no liability, except for willful and wanton conduct, as a result of injury arising from a student's self-administration of medication or epinephrine auto-injector.

Parent/Guardian Signature

Date

For all parents/guardians

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize MAYC and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees agents of MAYC), lawfully prescribed medication in the manner described above. I acknowledge that it will be necessary for the administration of medications to be performed by an individual other than a health professional and specifically consent to such practices.

I also agree to indemnify and hold harmless MAYC and its employees and agents against my claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature* Date

Parent/Guardian Signature* Date

*Both parents and/or guardians, if available should sign.