

## AUTHORIZATION

To the best of my knowledge, the history provided below is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by The Jointure to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

\_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insurance Company** \_\_\_\_\_  
**ID#** \_\_\_\_\_  
**Group #**

### DISEASE OR PAST/PRESENT HISTORY

YES	NO	DETAILS	YEAR
_____	_____	Serious Illness_____	_____
_____	_____	Serious Injury_____	_____
_____	_____	Surgery_____	_____
_____	_____	Ears_____	_____
_____	_____	Eyes_____	_____
_____	_____	Nose/Sinus_____	_____
_____	_____	Teeth_____	_____
_____	_____	Throat/Tonsils_____	_____
_____	_____	Chest/Lungs_____	_____
_____	_____	Heart_____	_____
_____	_____	Stomach/Bowels_____	_____
_____	_____	Appendicitis_____	_____
_____	_____	Kidney/Bladder_____	_____
_____	_____	Menstrual Problems_____	_____
_____	_____	Hernia Rupture_____	_____
_____	_____	Back/Limbs/Joints_____	_____
_____	_____	Behavioral Conditions/IEP_____	_____
_____	_____	Allergies (Specify)_____	_____
_____	_____	Other (Specify)_____	_____

**\*\*Please list any SPECIAL NEEDS/ALLERGIES/MEDICATIONS\*\***

\_\_\_\_\_  
**My child is in good health and can participate in The Jointure/ Creative Campus Programs.**

\_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_  
**Date**

**SPECIAL INSTRUCTIONS:**\_\_\_\_\_

**\*\*If your child requires lifesaving medication (Epi-pen, Benadryl, etc.) please complete attached Medical Permission Form. A doctor's signature and Action Plan are also required to begin the program.\*\***



10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures may be used to record administration of medication to children.

## INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

### ONLY IF CHILD REQUIRES LIFE-SAVING MEDICATION DURING PROGRAM HOURS

Name of Child: \_\_\_\_\_

Child's condition for administering medication: \_\_\_\_\_

Name of medication/procedure \_\_\_\_\_

\_\_\_\_\_ Prescription \_\_\_\_\_ Non-Prescription \_\_\_\_\_ Doctor's approval required

Amount to be administered \_\_\_\_\_

Time(s) to be administered \_\_\_\_\_

Dates to be administered From \_\_\_\_\_ To \_\_\_\_\_

Refrigeration necessary \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

\_\_\_\_\_

### **I authorize the administration of medication to my child.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

#### ***All prescription medication must have physician authorization!***

I authorize the following prescription medication to be administered as instructed above for this patient.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

In consideration of the above named child being allowed to participate in the Jointure's program, I, the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, it's trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_