

# MORNINGSIDE STUDENT MINISTRY

## Allergy Alerts & Medication Form

### Allergy Alert Form

|                                                       |  |                 |  |
|-------------------------------------------------------|--|-----------------|--|
| Student's Name:                                       |  |                 |  |
| My student is allergic to:                            |  |                 |  |
| (Please list any foods, medicine, or other allergies) |  |                 |  |
|                                                       |  |                 |  |
| My student's allergic reaction to the above is:       |  |                 |  |
| Please treat my student's allergic reaction with:     |  |                 |  |
| Who to call in case of an emergency:                  |  |                 |  |
| Home Phone #:                                         |  | Cell Phone #:   |  |
| Doctor's Name:                                        |  | Doctor Phone #: |  |

### Medication Notification

All medicine will be kept with the camp nurse. For safety reasons, NO medicine will be allowed to be kept with the student. Please label all medication with student's name and dosage information. Please make sure no medication has expired, and send enough to last the duration of camp. Also, **DO NOT MIX MEDICATIONS! Label each bottle separately!**

|                                         |                                                                                                   |                    |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|--|
| Student's Name:                         |                                                                                                   |                    |  |
| My child take the following medication: | (Please include Tylenol, Advil or anything in case of emergency that you might send with him/her) |                    |  |
| Medication:                             |                                                                                                   | Dosage/Time taken: |  |
| Medication:                             |                                                                                                   | Dosage/Time taken: |  |
| Medication:                             |                                                                                                   | Dosage/Time taken: |  |
| Special Needs:                          |                                                                                                   |                    |  |
| Emergency Name:                         |                                                                                                   | Cell Phone#:       |  |
| Pharmacy Phone #*:                      |                                                                                                   |                    |  |

\*In case camp nurse needs to speak with pharmacist.