

ANC Summer Institutes Health Form for Minor Children

Please fill out this form and return it to:

Erik Odhner, Summer Institutes Director
Academy of the New Church
Box 707
Bryn Athyn, PA 19009
(payment and forms reserve your spot)

Student's Name _____ Date of Birth: _____ Sex: _____

Address: _____

Parents' Phone Numbers:

Home: _____ Cell: _____ Work: _____

Will you be staying in the dormitory? Yes No (Circle one please.)

1.) Hospitalization Insurance Name and Policy Number (This information is required.)

Name of Insurance: _____ Policy #: _____ Group #: _____ Phone: _____

2.) Medical Information (This information is required.)

Does the student have any allergies? Yes No To what? _____

Does the student have asthma? Yes No What kind? (severe, mild, exercise induced) _____

Any other illness we should know about? Yes No Please name: _____

When was last tetanus shot? _____

3.) Rules about medication

- All prescription medication must be reviewed with the nurse prior to the start of the institute, and must be given by the nurse during the week. Parents must provide written permission and a physician's order for prescription medicine, and the medicine must be provided in a properly labeled pharmacy bottle. The form for prescription medicine must be completed and returned with registration.
- No student may offer any prescription or over-the-counter medicine to another student. Doing so is considered grounds for dismissal.
- A copy of the school's "standing orders" for various medicines is included. Parents should read this carefully and give permission for medicines you would like us to give if needed. Cross off those you would not like us to give. Sign this form and return it with registration.

Medical care will be initiated in consultation with parents/guardian. The law requires that parental permission be obtained for medical/surgical procedures. However, in case of an emergency when the parents/guardian cannot be reached immediately, we ask that the following consent form be signed so that there is no unnecessary delay in treatment. Every effort will be made to contact the parent/guardian prior to initiating treatment.

I hereby give consent for the Director of Summer Institutes or other health care providers considered appropriate by him/her to give permission for or to carry out accepted procedures for diagnosis, medical and minor surgical treatment and operative procedures as may be deemed necessary for my son/daughter.

Date _____ Signature _____ Relationship: _____