Mid-Pacific Institute

MEDICAL AUTHORIZATION FORM – 2010 SUMMER SCHOOL

CONFIDENTIAL

ALL INFORMATION BELOW IS REQUIRED AND MUST BE COMPLETED BY PARENT/GUARDIAN

Student's Name _____ Birthdate _____Grade ____
Last First Middle

_____
Mother's Name Business Phone Home Phone Cellular

_____
Father's Name Business Phone Home Phone Cellular

_____
OAHU Emergency Contact/Guardian Business Phone Home Phone Cellular
(To be used if above persons are unavailable) Relationship_____

_____ _____
Oahu Physician Office Phone

_____ _____ _____
Medical Insurance **Subscriber Name** **Member #**

_____ _____
Oahu Dentist Office Phone

_____ (initial) to give **AUTHORIZATION FOR MEDICAL CARE:** I hereby authorize Mid-Pacific Institute administrators, faculty, and staff to take whatever steps deemed necessary for the health and welfare of my child. MPI may admit my child to any hospital selected by the attending doctor. In the event of an accident/emergency, my child may be taken to the nearest doctor or hospital for treatment and care. I will be responsible for any charges incurred for this treatment and transportation

The following information will be held as CONFIDENTIAL and will only be shared with appropriate school personnel on a need-to-know basis. Please describe and initial:

Medical Conditions _____
Allergies _____
Medications _____
Other _____

MIDDLE/HIGH SCHOOL STUDENTS: I, _____, give my permission for Mid-Pacific Institute to supply (check all that apply): **acetaminophen** (generic Tylenol) _____ **ibuprofen** (generic Advil/Motrin) _____ **antacid**(genericTums)_____ **cramps tabs** (generic Midol) _____ **pseudoephedrine** (generic Sudafed) _____ **dextromethorphan** (generic cough suppressant) _____
to my child upon his/her request for self-administration. The medications are to be dispensed according to package instructions, unless otherwise specified by my child's doctor or me. I also hereby release Mid-Pacific Institute of any responsibility for the benefits or consequences of the medications supplied above _____ (initial).

If your child requires a prescription medication not on the list or emergency medications like an in-haler or epi-pen, submit a Request for Administration/Storage of Medication Form to the school nurse. Download the form at the summer school web site at www.midpac.edu. Contact MS/HS Nurse at 973-5120.

PRESCHOOL/ELEMENTARY STUDENTS: Please contact the Preschool/Elementary School Health Room at 441-3807 for instructions regarding administering/storage of medications. Submit a Request for Administration/Storage of Medication Form to the health room. Download the form at the summer school web site at www.midpac.edu. Contact Preschool /Elementary School Health Room at 441-3807

_____ _____
Parent/Guardian Signature Date