



# Community Education

## Parent Handbook

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### Discovery Camp 2023



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# Welcome Letter

## Welcome Parents and Campers!

Thank you for choosing SLCSD Community Education “**Our Time to Shine**” Discovery Camp for your student’s summer camp experience! We know you have a lot of choices, and we are glad that you chose SLCSD. We are looking forward to a safe and fun summer. We are dedicated to helping your camper have the best summer that they can. Below you will be able to read about our mission, vision, core values, and goals.

### Mission:

To provide a range of enrichment experiences that ensure every student is **Ready for Tomorrow**.

### Vision:

Every district student will have lifelong learning access to high-quality programs through Community Education Department.

### Core Values:

- We believe learning is a life-long process.
- We believe everything is possible if we have the best interest of students in mind.
- We believe that our programs provide a broad range of learning possibilities that reflect the needs and interests of the SLCSD community.
- We believe that our department supports, supplements, and complements SLCSD programs while providing enrichment options to our community at-large.

### Goals:

- Our goal is to provide a safe, nurturing, environment for campers to experience indoor and outdoor adventures and to grow socially, emotionally, and physically so that they may reach their greatest potential.

The Parent Handbook is a resource for policies and procedures for the Discovery Camp. We encourage you to take the time to read through this with your student. If you have any questions or concerns, please do not hesitate to contact us!

Sincerely,

The Community Education Department Team

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# About Our Discovery Camp ~ Summer Learning Program

## What to expect from our Discovery Camp ~ Summer Learning Program?

This year's main camp theme is **"Our Time to Shine"**! The Discovery Camp focuses on a topic each week. That week's activities will relate to the topic as it connects back to the main theme, **"Our Time to Shine"**. Each week is treated as a standalone experience. Campers will have the same opportunities to learn new skills, make friends, and have fun!

**Weekly Topics:** We strive to create an outstanding experience for your student each week. Each week there is a weekly overview outlining details for the week and any other important information. Each camp week is designed to capture the attention and interest of your child.

The Discovery Camp offers academic morning classes and STEAM (science, technology, engineering, art, and math) enrichment morning and afternoon activities. Our campers will explore, discover, and learn weekly through fun, hands-on interactive STEAM enrichment activities.

## Parent Responsibilities:

- Parents/Guardians must follow all established policies and procedures outlined in the Discovery Camp ~ Summer Learning Program Parent Handbook including the payment policy, the refund policy, the late pick-up policy, etc.
- Parents/Guardians are responsible for reading all emails, handouts, flyers, etc. sent home regarding the Discovery Camp ~ Summer Learning Program as well as regularly reviewing the Community Education website and materials available to keep well informed about the program.
- Parents/Guardians have a right to have all their questions answered, and their concerns addressed. If a parent/guardian have any questions or concerns. The Site Coordinator of their home school will be available to support the parents' concerns and student needs.
- We aim to provide a fulfilling and meaningful experience for all our students. When you send your child to the Discovery Camp ~ Summer Learning Program, you entrust us with their care. We take this responsibility seriously, but we are only as good as the information that we are given. Therefore, we ask that you work with us to provide detailed and accurate information so we can better prepare our team to create a positive and rewarding experience for your child. The better prepared we are before program, the better we can help your child be successful once they are here. If your student requires special accommodations, please let us know during the registration and check-out process.

## Days – Times:

- Monday – Thursday (No Program on July 4 and July 24)
  - Those weeks program will be on Friday.
- 8:00 AM – 1:00 PM

## Grades:

- **ONLY** available to rising **1<sup>st</sup> – 8<sup>th</sup> grade students** who attended a Salt Lake City School District school for the 2022-23 school year.

## Supervision Ratios:

- In accordance with the grants awarded to our schools the program requirements are as follows:
  - Maintain a staff-to-child ratio of no more than 1 to 15 during camp operating hours throughout the summer months.
    - 6 – 14 years old (1:15 ratio)



## Program Overview

### "Our Time to Shine" Discovery Camp - 2023

Days	Weeks	Topic	Field Trips
6/20 – 6/23	Week 1	Who I Am	• Virtual Field Trip through Utah
6/26 – 6/29	Week 2	Healthy Life	• Virtual Field Trip through Yellowstone
7/3 – 7/7 (No Program on 7/4)	Week 3	Passion & Purpose	Virtual Field Trip through Yosemite
7/10 – 7/13	Week 4	Invention & Imagination	• I Virtual Field Trip through Taipei, Taiwan
7/17 – 7/20	Week 5	Exploring my World	• Virtual Field Trip through Sydney, Australia
7/25 – 7/28 (No Program on 7/24)	Week 6	I am a Scientist	• Virtual Field Trip through Explore the Ocean

### Weekly Schedule (Sample):

Embed throughout the day are engaging strategies, including brain breaks to anchor thinking and learning, throughout the activity experiences. Engaging strategies offers many opportunities that vary in complexity to practice SEL skills.

Discovery Camp ~ Summer Learning Program 2023		
Time	Activities	Special Notes
8:00-8:30 AM	Breakfast	Opening Routines
8:30-9:00 AM	Rotation 1	i-Ready
9:05-9:35 AM	Rotation 2	Camp Topic Activity
9:35-9:55 AM	Recess	Camp Topic Activity
10:00 -10:30 PM	Rotation 3	Camp Topic Activity
10:35-11:10 PM	Rotation 4	Library – Digital Citizenship
11:30-12:00 PM	Lunch (20 min) & Recess (10 min)	
12:00-12:45 PM	Rotation 5	SEL
12:45-1:00 PM	Clean-up/Pick-up	Optimistic Closure Routine
Important Dates	July 4 and July 24 Holidays	NO PROGRAM

- Transportation will only be provided for Middle School Programming.
  - The Middle School Routes will pick up and drop off students at their neighborhood school, reflective of the middle school year activities bus.

### Data Sharing Agreement:

- The Salt Lake City School District has a data sharing agreement with the Utah State Board of Education and the Department of Workforce Services to share relevant data to track student progress to maintain grant compliance and reporting for our school funding.

# Behavior Expectations

## Camper Code of Conduct:

- All students and staff have a right to learn and teach in a safe, caring and respectful environment in order to achieve their maximum potential academically, socially, emotionally, and ethically.
- Students are expected to abide by these three (3) expectations and the rules found below:

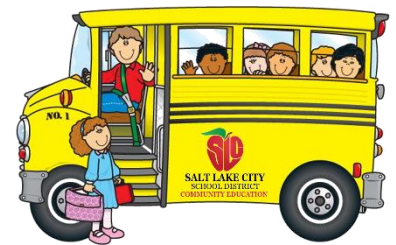


Be Safe	Be Responsible	Be Respectful
<ul style="list-style-type: none"> <li>• Keep Hands, Feet, Mouth, and Objects to Yourself.</li> <li>• Walk in the Building.</li> <li>• Ask permission to leave an area.</li> </ul>	<ul style="list-style-type: none"> <li>• Use Materials and Equipment Properly.</li> <li>• Be in the Proper Place at the Proper Time.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow Directions the First Time Given.</li> <li>• Quite Voices in the Building.</li> <li>• Put People Up, not Down.</li> </ul>

- Our policy in handling disruptive children is as follows:
  1. **First occurrence**, the instructor will discuss the situation with the student. Participant will be issued a warning and parent will be notified.
  2. **Second occurrence**, the instructor will have the student sit out for some time to cool off and fill-out a Think Sheet. The parent will be notified. Think Sheet will be sent home.
  3. **Third occurrence**, the Camp Specialist will schedule a parent conference when the child exhibits a pattern of disruptive behavior that interferes with the quality of the program or management of other students.
  4. At the staff's discretion, any consequence may be bypassed due to the severity and nature of a camper's behavior.
- **The Discovery Camp has a zero-tolerance policy.** Any child may be removed from the program if his/her behavior threatens his/her welfare or the welfare of others. No refunds will be authorized in the event of a removal.

## Bus Expectations:

- Most field trips are not within walking distance of the Camp and will require transportation via a bus.
  1. The Camper Code of Conduct applies while riding on the bus.
  2. Students who are transported for field trips are expected to behave in a courteous and respectful manner while waiting to board the bus.
  3. Students are expected to always conduct themselves in a courteous and cooperative manner on the bus.
  4. The bus driver oversees the bus and has the right to administer disciplinary actions including assigned seats to maintain order and promote safety.
  5. Riders may not shout or display any behavior such as loud and boisterous talking or laughing that may distract the driver and compromise the safety of those on the bus.
  6. Students are to be properly seated while the bus is in motion and are prohibited from putting objects and/or body parts out the windows of the bus at any time.
  7. Riders must not tamper with the bus emergency door.



# Camp Items

## Backpack Items:

Below is a checklist of recommendations for your students' summer success. We will be traveling on fieldtrips and campers will be engaged in active hands-on learning, so it is important to be prepared for the average camper's day of fun!

- ☐ Hat
- ☐ Sunglasses
- ☐ Snacks
- ☐ Closed toe shoes
- ☐ Light jacket
- ☐ Refillable Water Bottle
- ☐ Sunscreen/Insect Repellent

## Dress Code:

- Send your child to camp in comfortable shorts, t-shirts, and sneakers appropriate for the weather. We get very dirty in some of our activities; older clothes/shoes are recommended.
- Sneakers/tennis shoes are required for safe participation in active play. No sandals, open-toed shoes are permitted; Crocs and "wheelie" shoes are also not permitted.
- Clothing that does not cover undergarments and/or featuring inappropriate graphics such as profane language/messages, drugs/alcohol or violence is not permitted to be worn during camp.
- Hats and sunglasses are worn outside not in the building.
- Do not send your child to camp with unsafe apparel such as jewelry or accessories with chains, cleats, spikes, or studs.
- Please send swimsuits, towels, and sunscreen on swim days.

## Sunscreen/Insect Repellent:

- The Discovery Camp does not provide sunscreen or insect repellent. Each camper should be sent to camp with his or her own bottle of sunscreen and bug repellent. Please label these bottles with your camper's full name. It is strongly recommended that parents apply sunscreen to their child each morning.
- For ease of application as well as privacy concerns, we recommend sending your camper with a spray/no-rub sunscreen and/or insect repellent.
- When necessary, staff will assist with the application of sunscreen **spray** and/or insect repellent **spray, not sunscreen/insect repellent cream or sunscreen/insect repellent lotion** to our young campers. Parents must give permission for staff to apply sunscreen to their child by using the [Sunscreen Application Permission Form](#). Staff will supervise and ensure that older campers apply sunscreen. Staff will call for a reapplication of sunscreen as frequently as needed if campers are remaining outside, and after swimming. Sunscreen application will always occur in groups, in an open, observable area, with at least two staff present. Sites may have waters days that count as swim days.

## Do Not Bring to Camp

- Parents will be notified in advance if students are allowed to bring items on this list for a specific, pre-approved activity, and how the items are to be removed from school property after the conclusion of the activity. The following items are prohibited, and if brought to school by students, may be confiscated:
  - **Sports equipment** such as hard balls or bats, basketballs, footballs
  - **Musical equipment** such as radios, recorders, cassette players, tapes, CDs, CD players, iPods and other mp3 players
  - **Electronics** such as radios, recorders, iPods, etc.
  - **Toys** such as trading cards, any board game, card game, or “toy” weapons
  - **Animals** (no animal will be permitted in the building, classroom, or at a school function):
    - The provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition. The service animal must be:
      - ❖ required because the individual has a disability; and
      - ❖ individually trained to do work or perform tasks for the benefit of the individual with a disability.
    - An emotional support, therapy, and/or comfort animal is not considered a service animal. Service-animals-in training are not considered service animals under the ADA; under the ADA, the dog must already be trained before it can be taken into public places.
  - **Grooming aids** such as makeup, perfume, nail polish, hair spray
  - **Wheels** - non-motorized transportation to camp is encouraged. However, students are prohibited from riding all wheeled equipment (bikes, scooters, skateboards, “Heelys,” roller blades, etc.) on school grounds.
  - **Weapons** such as knives, firearms, matches, guns, darts, bullets, arrows, caps, firecrackers, stars.
  - **Food** such as gum, candy, bottled soda/pop
  - **Money**
  - **Inappropriate** reading material
  - **Drugs/Alcohol/Tobacco** products, the Discovery Camp is a substance free for all participants and staff. The use, possession, or suspicion of possession or impairment of any illicit substance or alcohol can result in dismissal from the Discovery Camp and referral to the appropriate authorities. All drugs, alcohol, and tobacco products (including e-cigarettes or vapes) are prohibited from the Discovery Camp.
  - **Zero Tolerance:** If a student is caught with any weapons, drugs, alcohol, or tobacco products, they will be removed from the camp and no refund will be issued.
  - **Absolutely nothing will be allowed at school that is intended, recognized, or acknowledged by the Metro Gang Task Force, to signify affiliation with, participation in, or approval of a gang.**

### Electronic Devices:

- Students bring personal electronic devices on school property or to school activities at their own risk. SLCSD is not responsible for borrowed, misused, lost, stolen, or damaged personal electronic devices.
- Students may have electronic devices in their possession during the regular camp hours. Personal electronic devices must remain out of sight during camp instructional time AND be turned off OR on a silent mode.
- Picture taking or recording by students is forbidden in school or school activity restricted areas, such as locker rooms, counseling sessions, restrooms, and dressing areas.
- Students may use electronic devices in situations that threaten the health, safety, or well-being of students (including themselves), school employees, or others.
- Personal electronic devices may not be used during camp or camp field trips.

# Health Policy



## Bee Sting Allergies:

- Parents of children with known bee sting allergies must complete a [Food Allergy & Anaphylaxis Emergency Care Plan](#) and submit it with their enrollment paperwork. If a child with an allergy is stung, we will implement the [Food Allergy & Anaphylaxis Emergency Care Plan](#) and parents will be notified. Any time an EpiPen is administered, is to call to 911 and then notify parents.

## Concussion or Traumatic Head/Brain Injury (TBI):

- The most common type of TBI is a concussion. A concussion can occur even if a student does not lose consciousness. If a student is suspected of sustaining a concussion or TBI, then parents will be notified of the injury and the need for a proper medical evaluation before the student can come back to camp. The Discovery Camp will ensure that documentation of a completed proper medical evaluation is obtained prior to the student being allowed to return to play.

## Food Allergies:

- Many students have food allergies. If your child has a food allergy, please let us know and complete a [Food Allergy & Anaphylaxis Emergency Care Plan](#) and submit it with their enrollment paperwork. Any time an EpiPen is administered, our protocol is to call to 911 and then notify parents.

## Illnesses:

- Children are encouraged to participate when present, unless sick or injured, in which case parents will be notified and camper will be sent home. Campers too ill to participate in camp activities will remain in the camp office until a parent can pick them up from camp.
- If you suspect your child has any of the symptoms listed below, please do NOT send him/her to school. We urge you to seek medical attention for diagnosis and treatment as needed. Please follow the [Guidelines for Illness](#) for specific criteria.
- Campers who have been diagnosed with a contagious disease may not return to camp without a doctor's written permission. Please contact the Discovery Camp site coordinator and keep your student at home as directed by the physician.
- All incidents requiring first aid (wash cut with water and apply a bandage) will be recorded and then verbally reported to parent at pick-up.

## Medication:

- Camp staff do not diagnose injuries or illnesses and may not administer any medications in connection with an accident. All incidents requiring first aid (wash cut with water and apply a bandage) will be recorded and then verbally reported to parent at pick-up.
- A student may carry and self-administer the recommended dosage of a necessary over the counter medication. Parents of students self-administering over the counter medication should inform school personnel that the student has the medication in their possession and has their permission to self-administer it.
- A student may carry and self-administer the prescribed dosage of a necessary prescription medication for medical treatment of illnesses, injuries, diseases such as asthma, diabetes, or extreme allergic reaction, if the parent and healthcare provider have completed and submitted a student medication form to the camp ([S-9: Student Medication Form](#)).

# Important Information

## Absences:

- If your camper is going to be absent from camp, please contact the Discovery Camp coordinator to report the absence. If a student misses a day, they are encouraged to come all other days.

## Changes to the Check-out List:

- To authorize self-check-out or to add people to your pick-up list, please come into the Discovery Camp office and speak to our Discovery Camp Specialist ([Elisa.Bridge@slcschools.org](mailto:Elisa.Bridge@slcschools.org) or [Tim.Perkins@slcschools.org](mailto:Tim.Perkins@slcschools.org)).

## Check-in/Check-out Procedures:

- You will need to be prompt in dropping off and picking up your child. We do not have the staff to accommodate early arrivals or late pick-ups.

## Check-in:

- Camp Leadership staff will be available from 8:00 AM – 8:30 AM with rosters to check-in your child. We begin organized activities at 8:30 AM, so please have your child at camp by 8:30 AM.

## Check-out:

- Community Education requires that those picking up students at the Discovery Camp are listed as approved to do so (including parents) on the Check-out list.
- Parents will sign their child out on the daily attendance sheet each day upon pick-up. This person will also be asked to provide a photo ID for check-out.
- For the safety of your student participants will ONLY be released to the responsible adult listed on the Check-in/Check-out list. Please be sure to have a photo ID with you as your child will not be checked out to unauthorized people.
- Children ages 9-12 will be allowed to check themselves out at the end of camp (1:00 PM) and not any sooner ONLY with a written permission note from the parent dated and signed. We cannot permit children to leave camp on their own.

## Closed Camp Campus:

- We operate a closed camp campus which means that all students are to remain at camp during the day. Students are required to stay on the school grounds during camp hours. They are not to go to the store or a friend's home during the time they are in camp including recess and lunch periods.

## Concerns:

- Most problems arising in a camp can be solved through consultation between the student, parent, and camp employees.
- Concerns should be brought to the attention of camp employees starting at the lowest level. Any concerns that you have with the Discovery Camp please follow the process described below:
  1. Parent contacts the Group Leader by speaking to the Group Leader about the concern with the student.
  2. After speaking with the Group Leader and student directly, if a resolution was not reached, the parent meets with the Site Coordinator, Group Leader, and student.
  3. After meeting with the Site Coordinator, Group Leader, and student, if a resolution was not reached, the parent then meets with the Site Coordinator, Group Leader, Camp Specialist, and student.
  4. The final recourse in this process is to meet with the Supervisor of Community Education, Liz Gonzalez.

### **Early Arrivals:**

- Please do not drop off your child before the camp begins at 8:00 AM. The Discovery Camp Staff does not assume responsibility for any child dropped off unattended. Supervision begins at 8:00 AM when camp begins.

### **Early Pick-Up or Late Arrivals:**

- In cases when you may be picking up your child early, please let the Leader know ahead of time, as the groups do go off-site for outings. Please make sure that you personally tell your child's leader that you are taking the child and follow the sign-out procedure.
- Students start afternoon rotations, specials, and contract services after lunch. This is a good transition time for students who need to be picked up early or arrive late.

### **Late Pick-Up:**

- Supervision ends when camp is complete for the day at 1:00 PM. If a child is not picked up promptly after camp, you will be charged a late fee of \$5.00 for each 10 minutes the child is left after camp ends.
- This does not apply if you are delayed due to an emergency. Please contact the Discovery Camp staff to alert us to any emergency, e.g., car trouble, etc.

### **Personal Property Policy**

- Each summer many items of clothing are left at camp and cannot be returned because there are no owners' names on the items. We highly recommend that all private property items are clearly labeled with name and contact information. The Discovery Camp assumes no responsibility for lost, stolen, or damaged private property items.

## **Payment Policy**

### **Payment Methods:**

- We accept credit card or debit card payments only. We no longer accept checks or money orders. Cash is only accepted at the central office and not at the schools any longer.

### **Tuition and Registration Fee:**

- An **\$20.00 non-refundable/non-transferable registration fee** is due to sign-up for camp.
- Tuition payment due at time of registration and check-out.
- Parents/Guardians are expected to pay for camp regardless of attendance.
- Payments are non-transferable and days are not pro-rated.
- No tuition reductions will be made for late arrivals or early departures.

## **Refund and Cancellation Policy**

### **Refunds:**

- Refund requests must be made through Community Education and shall be submitted via email to [maxine.gilmore@slcschools.org](mailto:maxine.gilmore@slcschools.org), with a reason why refund is being requested.
- If we can fill your spot, you will receive a full refund, less the \$20.00 non-refundable fee.
- If we are not able to fill your spot, we will refund 60% of your tuition fee. Registrations canceled 10 business days or less prior to the camp start date will not receive a refund.
- No prorated refunds for partial attendance.
- No refunds are authorized in the event of a dismissal from camp due to behavior.
- Transfers into available camps will be granted up to 10 business days before the start of camp (space dependent).
- Campers unable to attend due to medical reasons may receive a refund for 60% of your tuition fee, less the \$20.00 the non-refundable fee at any time prior to the start of camp with a doctor's note.

# Waiver and Release Policy

## Consent to Participate, Treat, and Release Agreement:

- This Agreement must be acknowledged and certified by Parent(s), Legal Guardian(s) during time of check-out to participate in the activities associated with the Discovery Camp.
  - I state my child is free from any known heart, respiratory or other health problems that could prevent my student from safely participating to illness, injury, or death.
  - I have received, understand, and will abide by the Salt Lake City School Districts Administrative Procedures for Board Policy [S-6: Concussions and Traumatic Head Injuries](#). (Download a copy at <https://www.slcschools.org/board-of-education/policies/s-6/s-6-policy/english/>, or if you would like a paper copy contact the Community Education central office at 801-578-8275).
  - I give consent for my student to participate in the Discovery Camp. I understand that participation in the Discovery Camp can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose my student to illness, injury, or death. I have explained the activities of the Discovery Camp to my minor child and have discussed with him/her the potential risks of participation.
  - I give consent to take my child to public indoor/outdoor swimming pools during designated "open swim" periods. There will be on duty lifeguards as well as Salt Lake City School District (SLCSD) Discovery Camp staff in and outside the water to supervise students. We take safety seriously and the expectation is that students are to follow the pool rules. If you object to this consent, then you must let the Discovery Camp staff know immediately. We will make accommodations for your child at the pool area.
  - I hereby give my express consent in the event of injury for the Salt Lake City School District to obtain for my child any necessary emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such a treatment is necessary.
  - I further agree to release SLCSD employees from all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my student's participation in the Discovery Camp and excepting only such loss, damage or injury as may be caused by the sole negligence of any releasee. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the activities.
  - I give consent for my child to participate in the Discovery Camp, and I execute the above liability release on their behalf.
  - SLCSD requires all students to use the district's network resources in a responsible, ethical, polite, efficient, and legal manner. I have reviewed with my child Salt Lake City School Districts Board Policy [I-18: Acceptable Student Use of Internet, Computers, and Network Resources](#). Use of the district's network resources is a privilege and may be revoked at any time for failure to comply with this policy.
  - Parents or eligible students should complete and submit the district's [S-2: Media Release Form](#) to the Community Education Department if they wish to opt out of giving media consent.

# Forms

## Food Allergy & Anaphylaxis Emergency Plan



# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No



**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**








**Extremely reactive to the following allergens:** \_\_\_\_\_


**THEREFORE:**

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<p><b>OR A COMBINATION</b> of symptoms from different body areas.</p>



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
--	--	--	--

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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

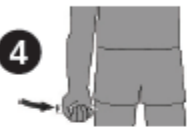
FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2018

**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

**3****HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN**

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**3****4****HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**5****HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES**

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

**5****ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

**EMERGENCY CONTACTS — CALL 911**

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_


**FARE**  
 Food Allergy Research & Education

**PLAN DE ATENCIÓN DE EMERGENCIAS DE ALERGIAS ALIMENTARIAS Y ANAFILAXIA**

Nombre \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Alérgico a: \_\_\_\_\_

 Peso: \_\_\_\_\_ kilos. Asma: ☐ Sí (Riesgo más alto de reacción grave) ☐ No

**NOTA: No recurra a antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. UTILICE EPINEFRINA.**
**Extremadamente reactivo a los siguientes alérgenos:** \_\_\_\_\_

**POR LO TANTO:**

- ☐ Si esta opción está marcada y es PROBABLE que se ha ingerido el alérgeno, administre epinefrina de inmediato ante CUALQUIERA de estos síntomas.
- ☐ Si esta opción está marcada y es SEGURO que se ha ingerido el alérgeno, administre epinefrina de inmediato aunque no se observe ningún síntoma.

 ANTE CUALQUIERA  
DE LOS SIGUIENTES:

**SÍNTOMAS GRAVES**

**PULMÓN**

 Falta de aire,  
sibilancia,  
muchos tos

**CORAZÓN**

 Tez azulada o  
pálida, desmayo,  
pulso débil,  
mareo

**GARGANTA**

 Ronquera  
u oclusión,  
dificultad para  
tragar o respirar

**BOCA**

 Hinchazón  
significativa de  
la lengua o los  
labios

**PIEL**

 Urticaria  
extendida en las  
distintas partes  
del cuerpo,  
enrojecimiento  
generalizado

**INTESTINOS**

 Vómitos  
reiterados,  
diarrea grave

**OTRO**

 Sensación de que  
va a pasar algo  
malo, ansiedad,  
confusión.

**O UNA  
COMBINACIÓN**  
de los síntomas  
de las distintas  
áreas

**1. INYECTE EPINEFRINA DE INMEDIATO**

- Llame al 911.** Avise al operador telefónico que el paciente tiene anafilaxia y puede necesitar epinefrina cuando llegue el equipo de emergencia.
- Considere la administración de otros medicamentos además de la epinefrina:
  - Antihistamínico
  - Inhalador (broncodilatador) en caso de respiración sibilante
- Mantenga al paciente en posición horizontal, con las piernas en alto y abrigado. Si tiene dificultades para respirar o vómitos, manténgalo sentado o tendido sobre un costado.
- Si los síntomas no mejoran o vuelven a aparecer, puede administrar otras dosis adicionales de epinefrina a partir de los 5 minutos de la administración de la última dosis.
- Comuníquese con los contactos de emergencia.
- Lleve al paciente a la sala de emergencias, aunque los síntomas hayan desaparecido. (El paciente debe permanecer en la guardia médica durante por lo menos 4 horas porque los síntomas pueden reaparecer).

**SÍNTOMAS LEVES**

**NARIZ**

 Picazón o  
moqueo nasal,  
estornudos

**BOCA**

 Picazón  
bucal

**PIEL**

 Algunas  
ronchas,  
picazón leve

**INTESTINO**

 Náuseas leves o  
malestar

**EN CASO DE SÍNTOMAS LEVES EN MÁS DE UN  
ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.**
**EN CASO DE SÍNTOMAS LEVES EN UN ÁREA ÚNICA  
SIGA ESTAS INSTRUCCIONES:**

- Se pueden administrar antihistamínicos, con prescripción médica.
- Quédese junto a la persona; comuníquese con los contactos de emergencia.
- Observe atentamente los posibles cambios. Si los síntomas empeoran, administre epinefrina.

**MEDICAMENTOS/DOSIS**

Marca de epinefrina o fármaco genérico: \_\_\_\_\_

 Dosis de epinefrina: ☐ 0,1 mg IM ☐ 0,15 mg IM ☐ 0,3 mg IM

Marca de antihistamínico o fármaco genérico: \_\_\_\_\_

Dosis de antihistamínico: \_\_\_\_\_

Otros (por ejemplo, broncodilatador en caso de sibilancia): \_\_\_\_\_

FIRMA DE AUTORIZACIÓN DEL PACIENTE O PADRE/TUTOR

FECHA

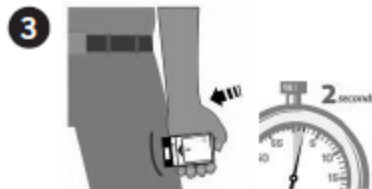
FIRMA DE AUTORIZACIÓN DEL MÉDICO O PROFESIONAL DE SALUD INTERVINIENTE

FECHA

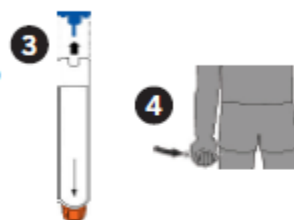
FORMULARIO SUMINISTRADO POR CORTESÍA DE FOOD ALLERGY RESEARCH &amp; EDUCATION (FARE) (FOODALLERGY.ORG) 5/2018

**CÓMO UTILIZAR AUVI-Q® (INYECCIÓN DE EPINEFRINA, USP), KALEO**

1. Retire AUVI-Q del estuche externo.
2. Saque la tapa de seguridad roja.
3. Coloque el extremo negro de AUVI-Q® contra la parte exterior media del muslo.
4. Oprima firmemente hasta escuchar un clic y un silbido, mantenga presionado por 2 segundos.
5. Llame al 911 y pida asistencia médica de emergencia de inmediato.


**CÓMO USAR EL AUTOINYECTOR DE EPINEFRINA EPIPEN® Y EPIPEN JR® Y LA INYECCIÓN DE EPINEFRINA (FÁRMACO GENÉRICO AUTORIZADO DE EPIPEN®), USP (AUTOINYECTOR), MYLAN**

1. Retire el autoinyector EpiPen® o EpiPen Jr® del tubo transparente.
2. Sujete el autoinyector firmemente con el puño con la punta naranja (el extremo de la aguja) apuntando hacia abajo.
3. Con la otra mano, retire el protector de seguridad azul tirando firmemente hacia arriba.
4. Gire y oprima con firmeza el autoinyector contra la parte exterior media del muslo hasta que haga clic.
5. Sostenga firmemente en el lugar durante 3 segundos (cuente lentamente 1, 2, 3).
6. Retire el dispositivo y masajee el área durante 10 segundos.
7. Llame al 911 y pida asistencia médica de emergencia de inmediato.


**CÓMO UTILIZAR LA INYECCIÓN DE EPINEFRINA IMPAX (GENÉRICO AUTORIZADO DE ADRENALIN®), USP, AUTOINYECTOR, LABORATORIOS IMPAX**

1. Retire del autoinyector de epinefrina de su estuche protector.
2. Saque las dos tapas de extremo azul. Ahora podrá ver una punta roja.
3. Sujete el autoinyector firmemente con el puño con la punta roja apuntando hacia abajo.
4. Coloque la punta roja contra la parte exterior media del muslo en un ángulo de 90°, en posición perpendicular al muslo.
5. Oprima y sostenga con firmeza durante aproximadamente 10 segundos.
6. Retire el dispositivo y masajee el área durante 10 segundos.
7. Llame al 911 y pida asistencia médica de emergencia de inmediato.


**INFORMACIÓN DE ADMINISTRACIÓN Y SEGURIDAD PARA TODOS LOS AUTOINYECTORES:**

1. No coloque el dedo pulgar, los demás dedos o la mano sobre la punta del autoinyector ni aplique la inyección fuera de la parte exterior media del muslo. En caso de inyección accidental, diríjase inmediatamente a la sala de emergencias más cercana.
2. Si administra el medicamento a un niño pequeño, sostenga su pierna firmemente antes y durante la aplicación para evitar posibles lesiones.
3. Si es necesario, la epinefrina se puede aplicar a través de la ropa.
4. Llame al 911 inmediatamente luego de aplicar la inyección.

**INSTRUCCIONES/INFORMACIÓN ADICIONAL** (la persona puede llevar epinefrina, el paciente puede autoadministrarse la medicación, etc.):

Trate a la persona antes de llamar a los contactos de emergencia. Las primeras señales de una reacción pueden ser leves, pero los síntomas pueden agravarse con rapidez.

**CONTACTOS DE EMERGENCIA – LLAME AL 911**

EQUIPO DE RESCATE: \_\_\_\_\_  
 MÉDICO: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_  
 PADRE O TUTOR: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_

**OTROS CONTACTOS DE EMERGENCIA**

NOMBRE/RELACIÓN: \_\_\_\_\_  
 TELÉFONO: \_\_\_\_\_  
 NOMBRE/RELACIÓN: \_\_\_\_\_  
 TELÉFONO: \_\_\_\_\_



## Salt Lake City School District Health Services

### Guidelines for Illnesses Requiring Exclusion – Exclude student for the criteria listed below

**CONJUNCTIVITIS - PINK EYE:** Defined as pink or red conjunctiva with white or yellow drainage, often with matted eyelids after sleep, and including a child with eye pain, redness of the eyelids, or skin surrounding the eye.

- Until treated with prescribed medication, for 24 hours.

**COUGHING:**

- Uncontrolled excessive coughing.
- Accompanied by fever or feeling unwell.

**CRYING/IRRITABILITY:**

- Persistent crying or irritability can be a sign of illness.

**DIARRHEA:** Defined as an increased number of stools or change in consistency compared with the child's normal pattern.

- Two or more loose bowel movements during a school day.
- Unable to contain stool in toilet or diaper.
- Accompanied by fever or feeling unwell.

**DIFFICULT BREATHING:**

- Shortness of breath.
- Wheezing if not previously evaluated and treated by a healthcare professional.

**DRAINAGE:**

- Any drainage from ears, eyes, nose, mouth or open wounds that cannot be contained.

**FEVER:** Defined as a temperature  $\geq 100.4$  F.

- Until temperature is within normal range for 24 hours.

**IMPETIGO:**

- Until sores are dried or can be covered with a bandage.
- Or treated with prescribed medication for 24 hours.

**INFESTATION:**

- Scabies, until 24 hours after treatment has begun.
- Head lice does not need to be 24 hour exclusion (See SLCS D Head Lice Policy).



## Servicios de Salud del Distrito Escolar Salt Lake City

Guía para las enfermedades que requieren Separación de los estudiantes  
Separe a los estudiantes de acuerdo a los criterios listados debajo

**CONJUNTIVITIS - OJO ROSADO:** Se define como conjuntiva roja o rosada con descargas blancas o amarillentas, frecuentemente con los párpados pegados al despertar e incluyendo a un niño con dolor en el ojo, enrojecimiento de los párpados, o de la piel que rodea el ojo.

- Hasta que sea tratado con medicamentos recetados, durante 24 horas.

### **TOS:**

- Tos excesiva y descontrolada.
- Acompañada por fiebre o sensación de malestar.

### **LLANTO/IRRITABILIDAD:**

- El llanto persistente o irritabilidad pueden ser una señal de enfermedad.

**DIARREA:** Se define como un aumento en la cantidad de excrementos o un cambio en su consistencia comparándola con los hábitos usuales del niño.

- Dos o más deposiciones sueltas durante un día de clases.
- Incapaz de contener los excrementos en el inodoro o en el pañal.
- Acompañada por fiebre o sensación de malestar.

### **DIFICULTAD RESPIRATORIA**

- Falta de aire.
- Sibilancia si no es previamente evaluada y tratada por un médico.

### **SUPURACIONES:**

- Cualquier descarga incontenible por los oídos, nariz, boca o heridas abiertas.

**PIEBRE:** Se define como una temperatura corporal  $\geq 100.4$  F.

- Hasta que la temperatura esté dentro del rango normal durante 24 horas.

### **IMPÉTIGO:**

- Hasta que las llagas se hayan secado o puedan cubrirse con un vendaje.
- O tratadas con medicamentos con receta durante 24 horas.

### **INFESTACIÓN:**

- Sarna, hasta 24 horas después de empezar el tratamiento.
- Los piojos en la cabeza no requieren una separación de 24 horas (Vea la Política contra los Piojos del SLCSD)

## S-9: Student Medication Form

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name (other than parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT/GUARDIAN RELEASE

☐ I hereby authorize school staff to administer the medication described below to my child. I understand that a trained teacher or other school personnel will administer only the medication(s) described below. If the prescription is changed, a new parent consent form and a new health practitioner order must be completed before the school staff can administer the new medication.

Prescription medication must be transported to and from school by an adult, in the current original pharmacy container and label, with the child's name, medication name, administration time, dosage, and health care provider's name. If it is an over the counter medication, the medication must be in the original store container. The school nurse may contact the student's health care provider if clarification is needed to administer this medication.

☐ I authorize my child to carry, be in possession of, and self-administer this medication.

My child and I understand there are serious consequences, which may include suspension or expulsion for sharing any medications and/or supplies with others. See [Administrative Procedures](#) for Board Policy S-3: Student Conduct and Discipline.

I agree to meet the parental responsibilities listed above. I understand that school personnel may release personal or medical information about my child in a health-related situation if necessary. **Note:** A new medication form will be required every school year.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

### MEDICATION INFORMATION (HEALTH CARE PROVIDER ONLY)

NAME OF MEDICATION	INDICATION	DOSAGE	ROUTE	TIME

The above named student is under my care:

- ☐ In my opinion, this medication is necessary during the school day. Trained school personnel should and will be allowed to administer this medication. Please list any specific training required: \_\_\_\_\_
- ☐ In my opinion, this medication is necessary during the school day. I feel it is medically appropriate for the student to be in possession of, and self-administer this medication.

Duration medication is to be administered /or student is allowed to carry the medication: \_\_\_\_\_

Common side effects: \_\_\_\_\_

Allergies: \_\_\_\_\_

**NOTICE:** This order can only be signed by an MD; Dentist; Nurse Practitioner (NP, FNP, PNP, APRN/PP), Certified Physician's Assistant or a provider with Prescriptive Practice.





\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

**SALT LAKE CITY SCHOOL DISTRICT MEDICATION RECORD/LOG (INTERNAL USE ONLY)**

STUDENT:	PARENT:	YEAR:	TEACHER:
MEDICATION	DOSE	ROUTE	TIME

Staff Signature:  Initials: \_\_\_\_\_ Staff Signature:  Initials: \_\_\_\_\_  
 Staff Signature:  Initials: \_\_\_\_\_ Staff Signature:  Initials: \_\_\_\_\_

**MEDICATION RECORD/LOG**

Special Instructions/Notes: \_\_\_\_\_

(Codes: **X** = No School, **OT** = Off Track, **A** = Absent, **NP** = No Pills Available, **R** = Refused, **PC** = Parents called/notified)

JULY				AUGUST				SEPTEMBER				OCTOBER			

Notes: \_\_\_\_\_

NOVEMBER				DECEMBER				JANUARY				FEBRUARY			

Notes: \_\_\_\_\_

MARCH				APRIL				MAY				JUNE			

Notes: \_\_\_\_\_

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United State Codes, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Tina Hatch, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) 844-5695.

## S-9: Formulario de Medicamentos del Estudiante



### INFORMACIÓN SOBRE EL ESTUDIANTE

Nombre del estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_  
 Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_  
 Teléfono del hogar: \_\_\_\_\_ Teléfono celular: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

### INFORMACIÓN DE CONTACTO DE EMERGENCIA

Nombre (que no sea el padre/la madre/el tutor): \_\_\_\_\_ Teléfono: \_\_\_\_\_

### AUTORIZACIÓN DE LOS PADRES/EL TUTOR

- ☐ A través del presente documento, autorizo al personal de la escuela a administrarle el medicamento descrito a continuación a mi hijo. Comprendo que un profesor capacitado u otro personal de la escuela le administrarán únicamente los medicamentos especificados a continuación. Si la receta se modifica, se debe completar un nuevo formulario de autorización de los padres y una nueva orden del profesional de la salud antes de que el personal de la escuela pueda administrar el medicamento nuevo.

Los medicamentos recetados deben ser transportados hacia y desde la escuela por un adulto, en el envase original y con la etiqueta de la farmacia con el nombre del estudiante, el nombre del medicamento, la hora de la administración, la dosis y el nombre del proveedor de atención médica. Si es un medicamento de venta libre, el medicamento debe estar en el envase original. El personal de enfermería de la escuela podrá comunicarse con el proveedor de atención médica del estudiante si necesita alguna explicación para administrar el medicamento.

- ☐ Autorizo a mi hijo a llevar, tener y autoadministrarse este medicamento.

Mi hijo y yo comprendemos que existen sanciones graves, las cuales pueden incluir la suspensión o la expulsión de la escuela, por compartir cualquier medicamento o suministros con otras personas. Consulte los [procedimientos administrativos](#) de la política S-3 del Consejo sobre comportamiento y disciplina de los estudiantes.

Me comprometo a cumplir con las responsabilidades paternales mencionadas anteriormente. Comprendo que el personal de la escuela puede divulgar información médica o personal de mi hijo en alguna situación relacionada con la salud si es necesario.

**Nota:** se solicitará un formulario de medicamentos nuevo cada año escolar.

\_\_\_\_\_  
 Firma del padre/madre/tutor

\_\_\_\_\_  
 Fecha

### INFORMACIÓN SOBRE EL MEDICAMENTO (COMPLETADA ÚNICAMENTE POR EL PROVEEDOR DE ATENCIÓN MÉDICA)

NOMBRE DEL MEDICAMENTO	INDICACIONES	DOSIS	VÍA	HORA

El estudiante especificado anteriormente se encuentra bajo mi cuidado:

- ☐ Según mi opinión, es necesario administrar este medicamento durante la jornada escolar. El personal escolar capacitado deberá y estará autorizado a administrar este medicamento. Especifique cualquier conocimiento específico requerido para la administración: \_\_\_\_\_
- ☐ Según mi opinión, es necesario administrar este medicamento durante la jornada escolar. Considero que es correcto desde el punto de vista médico que el estudiante tenga este medicamento y se lo autoadministre.

Tiempo durante el cual se debe administrar el medicamento/tiempo durante el cual el estudiante está autorizado a llevar el medicamento: \_\_\_\_\_

Efectos secundarios típicos: \_\_\_\_\_

Alergias: \_\_\_\_\_

**AVISO:** esta orden solo puede ser firmada por un médico, dentista, enfermero profesional (enfermero de medicina familiar, enfermero pediátrico, enfermero registrado de práctica avanzada), asistente de médico matriculado o proveedor encargado de recetar medicamentos.

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Firma del médico

Teléfono

Fecha

## Sunscreen Permission Form



**SALT LAKE CITY**  
SCHOOL DISTRICT  
COMMUNITY EDUCATION

### Sunscreen Application Permission Form

I give my permission for the staff of \_\_\_\_\_ Elementary School to apply sunscreen that I have provided for my child to use before going outside on sunny days.

Child's Name: \_\_\_\_\_

Parent/Guardians Name: (Printed): \_\_\_\_\_

Parent/Guardians Name: (Signature): \_\_\_\_\_



**SALT LAKE CITY**  
SCHOOL DISTRICT  
EDUCACIÓN COMUNITARIA

### Permiso para Aplicación de Filtro Solar

Autorizo a los empleados de la Primaria \_\_\_\_\_ aplicar filtro solar que yo he proporcionado a mi hijo o hija antes de salir en los días soleados.

Nombre del Estudiante: \_\_\_\_\_

Nombre del Padre/Guardianes (Imprenta): \_\_\_\_\_

Firma del Padre/Guardianes: \_\_\_\_\_