



STUDENT HEALTH FORM
 RYE COUNTRY DAY SCHOOL | Summer Session 2023



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 WEB: <https://www.ryecountryday.org/summer> | EMAIL: summersession@ryecountryday.org

Part A

Instructions: This form is required to complete your registration and is required for ALL students, including RCDS students.

This form must be completed and signed by a parent or guardian, not the student applicant.

Students from schools other than RCDS must accompany this health form with up-to-date immunization records, including COVID vaccination.
 Current and incoming (new students in 2023-2024) RCDS students should ensure immunization records are up-to-date in the student's Magnus account.

STUDENT INFORMATION

Student: _____ Student's Date of Birth: _____
 (Last Name) (First Name- No Nicknames)

Current RCDS Student: Yes No
 Incoming RCDS Student: Yes No Gender: _____ Grade completed in June: _____
 If no to both, please attach immunization records.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

(Optional. Only provide info different from Parent/Guardian 1.)

Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ ST: _____ Zip: _____	City: _____ ST: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

EMERGENCY CONTACT INFORMATION

Please provide information for an additional person we may contact in the event of an emergency and the parent(s)/guardian(s) listed above are unable to be reached.

Name: _____ Relationship to student: _____
 Phone number: _____ Alternate phone: _____

HEALTH HISTORY

(Please check all that apply. Please attach note if more space for details/explanation is needed.)

<u>Illness:</u>	<u>Allergies:</u>
___ Asthma (carries inhaler? Y/N ___)	___ Hay Fever
___ Diabetes (carries insulin? Y/N ___)	___ Insect stings
___ Seizures	___ Penicillin
___ Other drugs: _____	___ Other allergies: _____

Details regarding any of the above: _____
 Other chronic or recurring illness of which the school should be aware: _____

MEDICATIONS

If your child requires medication – either prescription (including EpiPens) or over-the-counter medications (including Acetaminophen, Benadryl, or Ibuprofen) – during school hours, it must be administered by the School Nurse.

In order to administer this medication, the Nurse must have a completed doctor's order (See next page, Part B).

Does your child require medication during Summer Session hours? **Please Check:** Yes (Please list below and **complete Part B**) No

Medication(s) Taken (List) : _____

Details regarding these medications: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to RCDS Summer Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible and for the nurse to administer medications provided with a doctor's order.

Signature _____ Date _____ Relationship: _____

Please remember: NON-RCDS students MUST accompany this form with an up-to-date immunization form & COVID vaccination documentation. RCDS students, current and incoming, must have documentation completed and up-to-date in the Magnus system.

Part B

Complete this form *only* if your child requires medication to be administered by the school nurse.
(For further clarification, see the Medications section of Part A.)

**AUTHORIZATION FOR SCHOOL NURSE TO ADMINISTER MEDICATION
AT RYE COUNTRY DAY SCHOOL**

To Be Completed by the Parent/Guardian

To: Rye Country Day School

From: _____
(Parent's/Guardian's Name – please print)

Phone: _____

Child's Name: _____

Grade Completed in June: _____

I hereby give permission for the School Nurse to administer medication as directed by my child's physician.

Parent's/Guardian's Signature: _____

Date: _____

To Be Completed by the Physician

To: Rye Country Day School

From: _____
(Physician's Name – please print)

Phone: _____

(Child's Name – please print)

is to _____
receive (Medication)

(Dosage & Frequency)

(Duration)

(If p.r.n., signs and symptoms for administering medication)

(Possible side effects)

Physician's Signature: _____

Date: _____

IMPORTANT NOTE: Prescription medication to be administered must be in a PRESCRIPTION BOTTLE with the name of the child, the name of the medication, the name of the doctor, and pharmacist's label thereon.