



**RESIDENT AND TRIP
CAMPER'S HEALTH
HISTORY**

(FORM 1, Pg 1)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Name Middle Last

Male Female Birth Date: _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1. Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
2. Complete the top of FORM 2 and provide a copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
3. After it has been completed and signed by your child's health-care provider, return FORMS 1 & 2 to your organization's group leader by the requested date.

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper has special food needs.
(Please describe below.)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information: This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (____) _____

Address: _____

Name of camper's dentist: _____ Phone: (____) _____

Address: _____

Name of camper's orthodontist: _____ Phone: (____) _____

Address: _____

Parent/Guardian Authorization Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent(s) or Guardian(s) Signature: _____ Date: _____

Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.



**RESIDENT AND TRIP
CAMPER'S HEALTH
HISTORY (FORM 1, Pg 2)**

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Name Middle Last

Male Female Birth Date: _____ Age on arrival at camp: _____
Month/Day/Year

- Medication:** This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. *Original pharmacy containers with labels which show the camper's name and how the medication should be given are required. Provide enough of each medication to last the entire time the camper will be at camp.*

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. *Cross out those the camper should not be given.*

- | | | |
|---|---|-------------------|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Imodium |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) | Tums |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) | Maalox |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) | Sore throat spray |
| Generic cough drops | Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe | |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) | |



**RESIDENT AND TRIP
CAMPER'S HEALTH
HISTORY (FORM 1, Pg 3)**

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Name Middle Last

Male Female Birth Date: _____ Age on arrival at camp: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- 1. Ever been hospitalized? Yes No
- 2. Ever had surgery? Yes No
- 3. Have recurrent/chronic illnesses? Yes No
- 4. Had a recent infectious disease? Yes No
- 5. Had a recent injury? Yes No
- 6. Had asthma/wheezing/shortness of breath?..... Yes No
- 7. Have diabetes? Yes No
- 8. Had seizures? Yes No
- 9. Had headaches? Yes No
- 10. Wear glasses, contacts, or protective eyewear? Yes No
- 11. Had fainting or dizziness? Yes No
- 12. Passed out/had chest pain during exercise? Yes No
- 13. Had mononucleosis ("mono") during the past 12 months?.. Yes No
- 14. If female, have problems with periods/menstruation?..... Yes No
- 15. Have problems with falling asleep/sleepwalking? Yes No
- 16. Ever had back/joint problems?..... Yes No
- 17. Have a history of bedwetting?..... Yes No
- 18. Have problems with diarrhea/constipation?..... Yes No
- 19. Have any skin problems?..... Yes No
- 20. Traveled outside the country in the past 9 months?..... Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
- 4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. *Attach additional information if needed.*

RESIDENT AND TRIP CAMPER'S HEALTH STATEMENT (FORM 2)

**** This portion of the health form needs to be completed by a healthcare provider**

Current "Sports/School Physicals" (within 24 months of camp) may be utilized in place of this form

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Imodium
- Ibuprofen (Advil, Motrin) Tums
- Phenylephrine (Sudafed PE) Maalox
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

To Parent(s)/Guardian(s): Complete this section then give this form and bring a copy of your completed CAMPER HEALTH HISTORY FORM (Fillable Online Form) to your child's healthcare provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Name Middle Last

Male Female Birth Date: _____ Age on arrival at camp: _____
Month/Day/Year

Camper Home Address: _____

Parent(s)/Guardian(s) phone: (____) _____ (____) _____

Parent(s)/Guardian(s) stop here. Rest of form to be completed by medical personnel.

Medical Personnel: Please review the CAMPER HEALTH HISTORY (FORM 1) and complete all remaining sections of this form. **Attach vaccination records (Colorado Certificate of Immunization)** and additional information as needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)

Physical exam must have taken place within last 24 months of camp end date.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

- To foods (**list**):
- To medications: (**list**):
- To the environment (**insect stings, hay fever, etc. - list**):
- Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below)
 None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency - write below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes
If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____

Office Address: _____

Telephone: (____) _____ Date: _____



Sunscreen Permission Slip

I give permission for my child's Counselor or other designated Camp staff member (e.g. nurse, parent volunteer) to assist my child with his/her application of sunscreen to exposed skin, including but not limited to the face, tops of ears, neck, shoulders, arms, legs and feet.

I understand that the application of sunscreen will take place 15-30 minutes before going outside. Sunscreen will not be applied to any broken or irritated skin. I will be notified if my child develops a skin reaction. It is my responsibility to provide sunscreen with a SPF of 15 or higher. However, in the event that my child does not have sunscreen with them, the camp may apply

_____ (*Sunscreen Name with SPF ##*) to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

Additional Instructions: (check the option that applies to your child)

- My child may use the sunscreen provided by the Camp in the event that his/her own sunscreen is not available.
- My child may NOT use any sunscreen other than the one that he/she brings to camp.
(Sunscreen Name: _____ SPF: _____)

****Sunscreen bottle must be labeled with child's first and last name in permanent ink.***

Date: _____

Name of Student: _____

Parent/Guardian Signature: _____



Silver Cliff Ranch
16565 CR 162 • Nathrop, Co 81236
Phone: 719.398.3758 • js9909@silvercliff ranch.com
www.SilverCliffRanch.com

EVACUATION PROCEDURE ACKNOWLEDGMENT

SCR EVACUATION PROCEDURE

- When the fire siren is heard, all guests will report immediately to the gymnasium.
- Guests will group together by cabins with qualified adult leader/counselor.
- When each cabin has all of their members together, please sit down.
- Do **NOT** go looking for missing persons. Silver Cliff Ranch staff will be checking all cabins and the entire property for any unaccounted for guests.
- Instructions will then be given as to the next step in the evacuation depending on the emergency.

By signing below, you confirm that you have read and understand the evacuation procedure at Silver Cliff Ranch.

Guest Name

Guest Signature

Signature of Parent or Guardian if guest is under 18

Date Signed



SILVER CLIFF RANCH

FACILITY USE AGREEMENT AND PHOTOGRAPH/VIDEO RELEASE

TO: Silver Cliff Ranch and its affiliates, directors, officers, employees, contractors, and agents of the premises located at 16565 County Road #162, Nathrop, Colorado 81236 and its representatives (collectively, the “Releasees”).
FROM: _____, on behalf of myself and/or the minor child(ren) named below as their parent or legal guardian, hereby agree:

In consideration for Silver Cliff Ranch allowing myself and/or the minor child(ren) named below (“Child”), of whom I am the parent or legal guardian, to temporarily occupy and use Silver Cliff Ranch’s premises and amenities located at 16565 County Road #162, Nathrop, Colorado 81236 (the “Facility”) and to participate in or observe the activities available at such Facility including, but not limited to, swimming and hiking, (collectively, the “Activities”) and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I, on my behalf and on behalf of my Child and our respective heirs, executors, administrators, personal legal representatives, assigns and next of kin (collectively, our “Legal Representatives”), covenant and agree as follows:

ACKNOWLEDGMENT OF RISKS. I understand that there are significant risks and dangers, both known and unknown, in participating in and/or observing the Activities. A partial list of the risks and dangers include: slips, trips, falls, collisions, abrasions, other physical injuries, drowning, dehydration, swimmer’s ear, and hyperthermia. The said risks and dangers may be affected by a number of factors including, but not limited to: a participant’s physical strength, coordination or sense of balance; size, experience and training in swimming or hiking; acting within one’s own abilities; wearing safety equipment; the proximity of medical care; compliance with the rules and regulations of the Facility (the “Rules”); compliance with the instructions of Silver Cliff Ranch’s agents and Facility staff; and the negligence or intentional acts or omissions of others including, but not limited to, other participants, observers, or any of the Releasees. I acknowledge that such risks and dangers may cause serious injury, illness or even death and that personal property which my Child brings to the Facility can be lost, stolen or damaged and that the foregoing can occur by accident, through negligence or intentional conduct.

ASSUMPTION OF RISK AND RESPONSIBILITY. Mine and/or my Child’s attendance at the Facility and participation in and/or observance of the Activities is voluntary and I fully assume the risk of any personal injury, illness or death occurring to my Child and the risk that any personal property belonging to myself or my Child is lost, stolen or damaged, even if such injury illness, death, loss or damage is caused by the negligence or willful acts or omissions of any of the Releasees or any other person and whether same occurs while participating in or observing the Activities or in any other area of the Facility (such as in the entrances, exits or washrooms) or even outside of the Facility on the premises located at (such as on the sidewalks or parking areas).

I further understand that an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By using and/or staying at the Facility, I voluntarily assume all risks related to any potential exposure to COVID 19.

Finally, I understand there exists the potential that I and/or my Child may experience altitude sickness (Acute Mountain Sickness or “AMS”) while at the Facility. Altitude sickness may develop into serious medical complications if not treated quickly. I and/or my Child accept this risk.

UNCONDITIONAL WAIVER AND RELEASE. I hereby waive all rights to make or bring any claims, demands, actions, suits or proceedings (collectively, “Claims”) which I, my Child or our Legal Representatives, successors or assigns have or may in the future have against the Releasees and hereby release and forever discharge the Releasees from any and all Claims and liability for or in respect of any illness, injury, death, property damage, loss, cost or expense suffered or incurred as a result of or related to my Child participating in or observing the Activities or attending the Facility, due to any cause whatsoever including, but not limited to, negligence, willful acts or omissions, breach of contract or breach of any statutory or other duty of care or supervision by any of the Releasees or any other person.

AGREEMENT TO FOLLOW RULES. I shall abide by the Rules for the Activities as set by the Facility or its staff or authorized representatives, and covenant to ensure that my Child also complies with all applicable Rules while on any part of the Facility's property.

INDEMNITY. In the event that: (a) I or my Child causes or contributes in any way to the injury or death of any person who is at the Facility or to the damage or loss of any property at the Facility; and/or (b) any Claims are made or brought against the Releasees in connection with any matter herein concerned, I covenant to INDEMNIFY, HOLD HARMLESS, AND DEFEND the Releasees against all claims arising from my or my Child's participation in the Activities. In accordance with these covenants, I will reimburse the Releasees for any damages, reasonable settlements, and defense costs, including attorney's fees, that may be incurred because of any such claims made against them. I agree that in the event of my death or disability, the terms of this agreement will be binding on my estate, and my personal representative, executor, administrator, or guardian will be obligated to respect and enforce them.

HEALTH AND SAFETY. I warrant and represent that my Child has no illnesses, communicable diseases, disabilities, or other conditions that prevent him or her from safely participating in the Activities. If any such conditions arise, I will consult with a medical professional and obtain written clearance before allowing my Child to participate in any Activities. I acknowledge that the Rules have been designed in part to create a safe environment for participants and observers of the Activities. I warrant and represent that my Child will abide by such Rules at all times while at the Facility and acknowledge that the Facility has the right to suspend, permanently or temporarily, my Child's participation in the Activities, in its sole and unfettered discretion, if it so deems necessary, for any reason.

PHOTO/VIDEO RELEASE. I hereby grant permission to Silver Cliff Ranch and its officers, trustees, employees, representatives, successors, licensees, and assigns to photograph and/or video my image, likeness, or depiction and/or that of my Child while in the Facility or on any part of its property. I hereby consent to and permit photographs and video of me and/or those of my Child to be used by Silver Cliff Ranch for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic, forever and without limitation. I understand that Silver Cliff Ranch may use such photographs or video with or without associating names thereto. I further waive any claim for compensation of any kind for Silver Cliff Ranch's use or publication of any photographs or video of me and/or those of my Child.

I hereby fully and forever discharge and release Silver Cliff Ranch from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of any photographs or video of me and/or those of my Child by Silver Cliff Ranch, and covenant and warrant not to sue or otherwise initiate legal or administrative proceedings against Silver Cliff Ranch for such use or publication on my own behalf, on behalf of my Child, or aid or assist any other party in doing so. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable and without time limitations.

MISCELLANEOUS. No statements, promises, understandings, or agreements have been made in addition to the four corners of this document, whether verbally or in writing; and this document encompasses the entire agreement between the parties hereto. This agreement will be governed by and construed in accordance with the laws of the State of Colorado. The State of Colorado, and specifically the Courts of Chaffee County, shall have exclusive jurisdiction to entertain any legal proceeding based on any provisions of this agreement and I and my Child irrevocably submit to the exclusive jurisdiction of the State of Colorado and Chafee County for such purposes. In any litigation in which the validity or enforceability of this agreement is contested, I agree that the prevailing party will be reimbursed for all attorney fees and costs incurred in the enforcement of this agreement. If any portion of this agreement is found to be illegal, invalid or unenforceable, the remaining portions shall remain in full force and effect. In this agreement, headings are for convenience or reference only and are not intended to be full or complete descriptions. Words used in the singular will be deemed to include the plural and vice versa.

This agreement is intended to be binding upon me, my Child, our Legal Representative(s), all assigns, and any successors in interest. The terms of this agreement will apply to each and every visit to the Facility by the signatory hereto and the Child named herein. The waiver or failure of Silver Cliff Ranch to exercise in any respect, any right provided by this agreement, shall not be deemed a waiver of any other right or remedy to which Silver Cliff Ranch may be entitled.

1. Child's name: _____

Birth of date: _____

2. Child's name: _____

Birth of date: _____

3. Child's name: _____

Birth of date: _____

4. Child's name: _____

Birth of date: _____

5. Child's name: _____

Birth of date: _____

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____

Printed Name: _____

Date: _____

Photo/Video Release Opt-Out

If you do not want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

- I do not authorize Silver Cliff Ranch or its officers, employees, or agents to record my or my child(ren)'s photographs or other images in the form of audio, video or any other medium, or to use, reproduce, modify, distribute, or publicly exhibit, in whole or in part, for any purpose. I understand that by signing this I am only opting out of the photo/video release and each and every term and condition set forth in the above agreement shall remain in full force and effect as written.

Adult/Parent/Guardian Signature _____

Date _____

Allergy Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry their emergency medication for the current school year.

<https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf>

School/Child Care: _____ **School Year/Date:** _____

STUDENT/CHILD: _____ **Birthdate:** _____ **Grade/Classroom:** _____

- I plan to keep my Epi-pen with me at school/child care rather than in the school health office/classroom.
- I will use my Epi-pen in a responsible manner, in accordance with my physician's orders.
- I will notify the school health/care staff immediately if my Epi-pen has been used.
- I will not allow any other person to use my Epi-pen.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current school year unless revoked by the provider or the child fails to meet the above safety contingencies.

- I agree to see that my child carries his/her emergency medication as prescribed, that the device contains medication, and that the medication has not expired.
- I have been told to keep extra emergency medication in the Health Office or _____.
- I know school staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
- I will provide the school a signed medication authorization for this medication.

Parent/Guardian's Signature _____ Date _____

Child Care Health Consultant/School Nurse: _____

- The above child has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.
- School/child care staff that have the need to know about the child's condition and the need to carry their emergency medication have been notified.
- I will review the medication authorization provided by the parent and signed by the parent and Health Care Provider.

Child Care Health Consultant/School Nurse Signature _____ Date _____

Asthma Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer their asthma medication for the current school year.

<https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf>

School/Child Care: _____ School Year/Date: _____

STUDENT/CHILD: _____ **Birthdate:** _____ **Grade/Classroom:** _____

- I will keep my rescue inhaler with me at school/child care and will follow my doctor's instructions.
- I will use my rescue inhaler safely at school/child care and any school/child care sponsored events.
- If I have asthma difficulty I will tell school/child care staff or I will go to the school health office.
- I will not allow any other person to use my inhaler.
- If I don't use my medicine safely, I may lose my privilege.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current school year unless revoked by the provider or student fails to meet the above safety contingencies.

- I agree to make sure that my child carries his/her asthma medication.
- I will see my child carries the prescribed medication. The device will contain medication, the medication won't be expired and the medication will have my child's name on it.
- I have been told to keep an extra rescue inhaler in the Health Office or _____.
- I know school/child care staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
- I will provide a doctor signed medication authorization to the school.

Parent's Signature _____ Date _____

Child Care Health Consultant/School Nurse: _____

- The above child has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pre-treatment with an inhaler prior to exercise.
- I have notified the appropriate staff that need to know of the child's health condition and have advised them of the child's authorization to carry and self-administer their asthma medication.
- I have verified that all appropriate paperwork has been completed and the school nurse/child care health consultant has determined that this child has the skill level necessary to carry and self-administer their asthma medication at school/child care and school/child care sponsored activities.

Child Care Health Consultant/School Nurse signature _____ Date _____