

Return Completed Forms to:
Bright Lights, Inc.
5561 S 48th St., Suite 220
Lincoln, NE 68516



STUDENT MEDICAL INFORMATION FORM

- This form is only needed if you indicated a medical condition requiring administration of an inhaler, EpiPen, insulin, or other daily prescribed medication while your student is at Bright Lights so that we may coordinate appropriate care.
- If you have questions about this form, please contact our office at 402-420-1115. A nurse will be on site at Holmes Elementary School during Bright Lights summer program weeks 1, 4 & 5.
- A request to provide medication will only be administered at Holmes Elementary School during Bright Lights summer program weeks 1, 4 & 5. **A physician's authorization is required for medication to be provided.** The prescriber's authorization may be on the pharmacy label attached to the medication. Send original container with label intact. Home packaging will not be accepted due to safety considerations.

Student's Name: _____ Age: _____

Bright Lights Camp(s), Dates and Times Attending: _____

Address: _____ Home Phone: _____

This student uses the following emergency or daily medications (*check all that apply*):

Inhaler EpiPen Insulin Daily prescribed medication

List Allergies: _____

List current daily medications and dosage: _____

Parent/Guardian Name: _____ Phone: _____ cell/work/home?

Address (if different than student): _____

Student's Physician: _____ Phone: _____

1) Asthma: Activity Induced?

Yes No

Diabetes:

At what times/intervals does your student check blood sugar?

2) Additional medical information/concerns:

I give permission to Bright Lights to provide _____ (name of medication and dose)
to _____ (child's name) at _____ (approximate time) as
directed for _____ (reason for medication).

Signature of parent or guardian

Date

Student Self-Administration of Medication:

Bright Lights encourages pro-active, self-management of health conditions by students who are capable of self-administration if 6th grade and above. If an EpiPen is administered, 911 will be called. All medication will be kept in the health office at Holmes Elementary. Parent/legal guardian is responsible for picking up their student's medication at the end of each week.

Please check which of the following situations applies to your student and sign below:

1) **My student is in 6th grade or above and is capable of self-administration.** *Complete Student Self-Administration Form and return with Medical Information Form.*

Only students 6th grade and above may self-administer. Student will:

- a) carry the: Inhaler EpiPen Insulin/Glucose on their person
b) keep the: Inhaler EpiPen Insulin/Glucose in their classroom

2) **My student is not capable of self-administration and needs assistance from a nurse.** This service is only provided at Holmes Elementary, not at any of our community site camps. *You do not need to complete Student Self-Administration Form.*

3) I will not be sending medication with my student or checking it with the Health Nurse during Bright Lights summer program.

x _____ Date _____
Parent/Legal Guardian Signature Required

