



Puesta del Sol Before and After School Activities

Parents/Guardians please note: Your child's health information, Individualized Health Plan/504 and medication is for use during the school day only. Extended day, childcare, clubs, before & after school, evening, and summer activities/clubs **do not have** access to this information or your child's medication. It is your responsibility to contact the camp instructor directly.

Name: _____ Birthdate: _____ Sex: M/ F
Last First (circle)

School: Puesta del Sol Grade: _____ Date: _____

Asthma If your child has been hospitalized, suffered a severe asthma attack, used oral steroids (prednisone) or required oxygen for asthma in the past year, please provide an albuterol inhaler.

Allergy - Severe, with Epi Pen prescription.
 Allergen(s): _____

If your child has been diagnosed with a life threatening allergy and has been prescribed an Epi pen or Auvi-Q, please provide camp staff with this medication.

Diabetes

Seizure disorder

Other life threatening condition: _____

My child has none of the conditions listed above.

Parent/Guardian Signature: _____	Date: _____
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	1. Parents/Guardians	2. Parents/Guardians
Names:		
Home phone:		
Work phone:		
Cell phone:		
Email:		