BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
PARKS & RECREATION DEPARTMENT

MEDICAL/MEDICINE INFORMATION FORM

Child's Name ____ Grade ______________________

If your child takes medication to be administered at the program, please fill out the medication section of this form.

MEDICATION

☐ My child takes a prescription medication.

Name of medication ________________________________ , dosage and time of day should be administered

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Name of medication ________________________________ , dosage and time of day should be administered

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Name of medication ________________________________ , dosage and time of day should be administered

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I understand the medication and this form will be kept in the office by the supervisor and administered as closely to schedule as possible. Medication not picked up the last day of the program will be discarded. Only a daily dosage is permitted at the program and the medication must be in it's original container.

I also understand that the information below is voluntary, and that will be used to assist us in meeting any special needs of your child.

Parent/Guardian Signature ____________________________________ Date_________________________

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HEALTH CONDITIONS - PLEASE CHECK

☐ Asthma ☐ Heart ☐ Hypoglycemic ☐ Sickle Cell

☐ Diabetes ☐ Hearing Loss ☐ Kidneys ☐ Developmental Delay

☐ Epilepsy ☐ Hemophilia ☐ ADD/ADHD ☐ Seizures

☐ Gastric ☐ Hyperactive ☐ Surgery ________________________________

IMMUNIZATION STATUS

☐ Complete ☐ Incomplete

SPECIAL NEEDS

☐ Cerebral Palsy ☐ Cystic Fibrosis ☐ Muscular Dystrophy

☐ Spina Bifida ☐ Other ________________________________

ALLERGIES

☐ Insect Bites ☐ Food ☐ Medicine ________________________________

☐ Other ____

SPECIAL EQUIPMENT

☐ Glasses ☐ Hearing Aid ☐ Contacts ☐ Braces

☐ Wheelchair ☐ Shunt ☐ Tracheotomy ☐ Gastric Tube

ADDITIONAL INFORMATION ____

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RESTRICTIONS ____

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Procedure for Controlling Head Lice (Pediculosis Capitis)

Adopted from recommendations of American Academy of Pediatrics,
Center of Disease Control, and Harvard School of Public Health

To be consistent with procedures recommended by Brevard County Health Department and Brevard County Public Schools, the following procedures will be used by recreation staff when a participant at a program is observed to be infested with live head lice:

1. The parent/guardian will be notified immediately.
2. A fact sheet on education and treatment of head lice will be sent home with all participants. The sheet for the participant with head lice will include a statement to be signed by the parent/guardian that treatment was done.
3. For a participant to be readmitted to the program following live lice infestation, he/she must be checked, have no live head lice, and have a statement signed by parent/guardian that treatment was done.
   - If live lice are found, the participant will not be readmitted and the entire procedure will need to be repeated.
   - If no nits are found, further rechecking will not be done.
   - If nits are found, the participant will be admitted and rechecked in 8-10 days.

Parent / Guardian Signature ______________________________________ Date ___________________________