



MEDICAL FORMS CHECKLIST
SUMMER PROGRAM

All information on each document must be COMPLETED, and all documents must be SIGNED:

_____ **1. Permission to Treat Form**- required prior to participation in any summer program

_____ **2. Prescribed Medication Authorization Form** - required for any **prescribed** medications. We supply “over-the-counter” medications for common ailments. Do **NOT** send any non-prescription medication with your child, as it is against school policy for campers to carry any non-emergent medication.

_____ **3. Over-the-Counter Medication Authorization Form**

_____ **4. Massachusetts School Health Record** or physician record of annual physical exam (must be within last year).

_____ **5. Immunization Record** or physician record of immunization. Immunization waivers may be accepted for medical or religious reasons only. Contact the nurse if your child has a religious or medical exemption

Send all health records to the nurse at:

Phone: (413) 255-0011

Email: epiwcio@macduffie.org

Fax: (413) 467-1603

Mail: MacDuffie School

Attn: Nurse

66 School Street

Granby, MA 01033