
Student Health Center

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(443) 765-4862 (Text)
(240) 575-2957 (Videophone)
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shcnurse@msd.edu



Engage. Challenge. Achieve.

Satellite Health Center

(301) 360-2095 (Voice)
(410) 585-7056 (Text)
(240) 575-2986 (Videophone)
(301) 360-2025 (Fax)
shcnurse@msd.edu

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**CONSENT FORM FOR MEDICAL CARE
SCHOOL YEAR 2019 – 2020**

STUDENT NAME: _____

As the parent/guardian of the above named student, I understand that

I am Responsible For

Providing MSD with a copy of my child's current immunizations and annual physical. I am responsible for the fees associated with getting the physical and immunizations.

Notifying MSD of any allergies (food, medication, bug bites, etc.), contagious illnesses (strep throat, pink eye, ring worm, etc.) and/or chronic medical conditions (asthma, heart conditions, diabetes, shunts, etc.) that impacts my child's health.

Sending medications to be given at school in its original container, labeled with my child's name.

Giving the first dose of any new medication at home.

Providing MSD with a completed Maryland State School Medication Administration Authorization form for each prescribed medication, over-the-counter medication, herb(s) or supplements to be given at school. **The form must be signed by a Physician, Nurse Practitioner or Physician Assistant and the Parent/Guardian.**

Keeping a supply of my child's medications at home for weekends, holidays and school-closed days. **No medications will be sent home on weekends or holidays.**

Keeping my child at home if my child has: a temperature of 100.0 or higher; pink/red eyes with drainage; a sore throat with swollen glands; vomiting; diarrhea; a runny nose with green drainage; or an undiagnosed rash. **My child is to remain home, fever or illness free, without the use of medications, for 24 hours.**

I Consent To:

Emergency medical care to be given to my child by Maryland School for the Deaf health care providers.

Transportation of my child by MSD staff to a medical facility for emergency medical, psychological, or surgical care. Parent/guardian is responsible for all fees related to emergency care.

Administration of medications by the Student Health Center or designated staff. The first dose of any new medication must be given at home.

Administration of first aid and/or over-the-counter medications (i.e. Tylenol, ibuprofen, Robitussin, etc.) by the Student Health Center staff for treatment of minor injuries or minor medical issues as ordered by the School Physician.

MSD Athletic Trainer to provide care and treatment for my child as indicated while my child is enrolled in school sponsored sports.

MSD providing information to a physician's office or any health care provider contacted in accordance with this form regarding treatment received at school.

MSD in Frederick and Columbia to provide Vision Screening as required by the state of Maryland. Scoliosis screening will be provided for the students at the Columbia Campus.

The sharing of my child's pertinent medical information with staff and bus drivers who have contact with my child.

I have read, understood and consented to the conditions of the Maryland School for the Deaf Medical Policy.

Parent/Guardian's Name (PRINT): _____

Parent/Guardian's Signature: _____

Date: _____