

Student Health Center
 (301) 360-2040 (Voice)
 (443) 765-4862 (Text)
 (240) 575-2957 (Videophone)
 (301) 360-1403 (Fax)
 shcnurse@msd.edu



Satellite Health Center
 (301) 360-2095 (Voice)
 (410) 585-7056 (Text)
 (240) 575-2986 (Videophone)
 (301) 360-1471 (Fax)
 shcnurse@msd.edu

Engage. Challenge. Achieve.

**CONSENT FORM FOR MEDICAL CARE
 SCHOOL YEAR 2018 – 2019**

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: _____