

**PLEASE NOTE: DOCTOR'S SIGNATURE NEEDED BELOW**

## SPECIAL MEDICAL/DIETARY INSTRUCTIONS FORM

CHILD'S NAME: \_\_\_\_\_

Please complete the following:

1. List any special dietary needs of your child:

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2. List any medications taken regularly by your child:

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3. List all allergies:

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4. Please describe any physical limitations:

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The Bala House staff has my permission to administer **Tylenol** if my child has a fever over 101 oral reading and I cannot be reached. **Dosage** \_\_\_\_\_.

YES  NO I give permission to The Bala House staff to administer minor first aid to my child. This may include, but is not limited to, cleaning a cut, applying ice, using first aid cream and Band-Aids. This does not include oral medications.

**The Bala House will not administer medicine without a doctor's signed note indicating dosage and signed also by a parent.** Only medicine that must be taken during school hours will be administered.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**