



Medical Information Form Summer Learning Place 2009 Furman University

Child's Name: _____ Age: _____

Parent/Guardian Name(s): _____ Phone: _____

List any specific allergies: _____

Is medication for allergy being given? Yes No

If yes, indicate name of medication: _____

If yes, are there any side effects? Please describe: _____

Is your child on any medication for behavior control? (hyperactivity, attention deficit, depression, etc.): Yes No

If yes, please indicate name of medication: _____

If yes, are there any side effects? Please describe: _____

Is your child on any medication for epilepsy or other convulsive disorder? Yes No

If yes, please indicate name of medication: _____

If yes, are there any side effects? Please describe: _____

Please explain any other medical difficulties of which we should be aware: _____

Parent/Guardian Signature: _____ Date: _____

Mail Release Form by May 22 to:

Dr. Shirley A. Ritter, Director
Summer Learning Place
Education Department
Furman University
Greenville, SC 29613-1134

