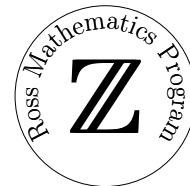


Medical Authorization

Ross Mathematics Program · ross@rossprogram.org · (773) 809-5659



INSTRUCTIONS: Type the information where indicated here, then print this document and write in the medical information requested. Then scan that paper copy as a PDF file, and email it to medical@rossprogram.org.

During the 2019 Ross Program, I, _____, can be reached
parent/guardian name
at _____.
phone number

My medical insurance is provided by _____ and they can be reached
insurance company
by phone at _____.
insurance phone number

The policy holder's name is _____, born on _____.
policy holder birthday

My medical insurance policy number is _____.
policy number

My group number is _____ with name _____.
group number group name

Describe below any medical conditions or concerns, dietary/seasonal/medical allergies, non-allergy dietary restrictions, and disability accommodations of which we should be aware:

I understand that certain prescription medications are considered to be “controlled substances” and require dispensation by a medical professional. I also understand that I may authorize my child to self-administer certain other medications, and/or I may authorize the Ross Mathematics Program counselors to administer certain other medications.

_____ will be bringing the following prescription medications:
student name

And the following non-prescription medications:

I authorize my child to ...

self-administer the prescription medications listed: Yes No

self-administer the non-prescription medications listed: Yes No

I authorize the Ross Math Program counselors...

to administer the prescription medications listed: Yes No

to administer the non-prescription medications listed: Yes No

In the event that my child experiences a headache, fever, nausea, sunburn, muscle pain, or other minor ailment and has not brought with them an appropriate medication to treat such ailment, I authorize the Ross Mathematics Program counselors to administer the following non-prescription medications to my child:

Acetaminophen (Tylenol): Yes No

Aspirin: Yes No

Ibuprofen (Advil): Yes No

Naproxen (Aleve): Yes No

Calcium Carbonate (Tums): Yes No

Bismuth Subsalicylate (Pepto-Bismol): Yes No

Calamine Lotion: Yes No

Sunscreen: Yes No

Signed _____ on this _____
Parent or legal guardian Date