

Return Completed Forms to:  
Bright Lights, Inc.  
5561 S 48<sup>th</sup> St., Suite 220  
Lincoln, NE 68516



## STUDENT MEDICAL INFORMATION FORM

- This form is only needed if you indicated a medical condition requiring administration of an inhaler, EpiPen, insulin, or other daily prescribed medication while your student is at Bright Lights so that we may coordinate appropriate care.
- If you have questions about this form, please contact our office at 402-420-1115. A nurse will be on site at Roper Elementary School during Bright Lights summer camp weeks 1, 4 & 5.
- A request to provide medication will only be administered at Roper Elementary School during Bright Lights summer camp weeks 1, 4 & 5. **A physician's authorization is required for medication to be provided.** The prescriber's authorization may be on the pharmacy label attached to the medication. Send original container with label intact. Home packaging will not be accepted due to safety considerations.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Bright Lights Camp(s), Dates and Times Attending: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

This student uses the following emergency or daily medications (*check all that apply*):

Inhaler     EpiPen     Insulin     Daily prescribed medication

List Allergies: \_\_\_\_\_

List current daily medications and dosage: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ cell/work/home?

Address (if different than student): \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

1) Asthma: Activity Induced?

Yes     No

\_\_\_\_\_

Diabetes:

At what times/intervals does your student check blood sugar?

\_\_\_\_\_

2) Additional medical information/concerns:

\_\_\_\_\_

\_\_\_\_\_

I give permission to Bright Lights to provide \_\_\_\_\_ (name of medication and dose)  
to \_\_\_\_\_ (child's name) at \_\_\_\_\_ (approximate time) as  
directed for \_\_\_\_\_ (reason for medication).

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

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**Student Self-Administration of Medication:**

Bright Lights encourages pro-active, self-management of health conditions by students who are capable of self-administration if 6<sup>th</sup> grade and above. If an EpiPen is administered, 911 will be called. All medication will be kept in the health office at Roper Elementary. Parent/legal guardian is responsible for picking up their student's medication at the end of each week.

Please check which of the following situations applies to your student and sign below:

1)  **My student is in 6<sup>th</sup> grade or above and is capable of self-administration.** *Complete Student Self-Administration Form and return with Medical Information Form.*

**Only students 6<sup>th</sup> grade and above may self-administer. Student will:**

- a)  carry the:     Inhaler     EpiPen     Insulin/Glucose on their person  
b)  keep the:     Inhaler     EpiPen     Insulin/Glucose in their classroom

2)  **My student is not capable of self-administration and needs assistance from a nurse.** This service is only provided at Roper Elementary, not at any of our community site camps. *You do not need to complete Student Self-Administration Form.*

3)  I will not be sending medication with my student or checking it with the Health Nurse during Bright Lights summer program.

x \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian Signature Required

