



Name

DOB

Weight

Over the Counter Medication Consent

Daily Medications _____

Allergies and Reactions _____

Please indicate which, if any, of the over-the-counter medications you would like administered to your child for complaints of simple aches and pains. We will administer dosage as per package recommendations for your child's provided age and weight.

- Acetaminophen (Children's Tylenol)
- Ibuprofen (Children's Motrin)

Summer Session Swim/Water Play Info

Because you know your child's swim abilities and comfortability with water better than we do, we are asking for your help. We will visit the pool /creek this summer so we ask that you help us assess their needs.

Please check the swim group we will begin your child in:

- ___ My child is a good swimmer. He/She may take the swim test administered by any pools lifeguards; this will allow them to swim in deep water and use diving boards or swim in the creek. They are safe in water over their head.
- ___ My child is comfortable in shallow water that does not exceed chest level. No flotation swim gear is required for water below their chest either in a pool or creek.
- ___ My child is required to wear flotation arm bands that I am responsible for sending everyday in his/her backpack for any body of water. They will not be allowed to enter the water without parent provided arm bands.

Please remember that your child's backpack should contain a swimsuit (one-piece for girls) in a zippered plastic bag, a towel, and spray-on sunblock. If you have designated, flotation arm bands should be included as well. If your child requires an over-shirt for sun protection, it must be solid white with no writing or design as per the pool request. Please make sure that everything is clearly marked with your child's name on it.

Parent/Legal Guardian Signature _____ Date _____