SARAH LAWRENCE COLLEGE SUMMER PROGRAMS

Summer Programs 2020 Medical Forms for Adults

Please be advised that Sarah Lawrence College **requires sections 1-3**, of this form be completed and required supporting documents be submitted. All other sections are optional and are intended to provide the college with any medical information you wish to disclose that would be helpful in the event of a medical situation or emergency. Note that section 8 provides consent for our nurse practitioner to treat you should you have a medical condition that arises while on campus.

Failure complete these forms by the stated deadline will result in the inability to attend the program and no refund will be issued. All forms and materials must be submitted by **June 1st, 2020**.

Note that Addendum A is regarding mental health. This section is optional but is highly recommended to be completed so we may best prepare and address any situations that may arise while the student is on campus.

All forms and materials must be in English or for records in another language, an official translation must also be included.

Forms can be printed and completed and then scanned and uploaded to the Status Page at https://apply.slc.edu/apply/status. Please contact 914-395-2205 or summer@sarahlawrence.edu should you have questions.

SARAH LAWRENCE COLLEGE SUMMER PROGRAMS

2020 MEDICAL FORMS

SECTION 1: STUDENT INFORMATION

Name	
Date of Birth	
Legal Sex	
Cell Phone	

SECTION 2: EMERGENCY CONTACT INFORMATION

Name	
Relationship to student	
Home Phone	
Work Phone	
Cell Phone	

SECTION 3: HEALTH INSURANCE

Insurance Company Name	
Company Phone Number	
Policyholder's Name	
Policy Number	
Group Number	
Policyholder's Address	

SARAH LAWRENCE COLLEGE SUMMER PROGRAMS

☐ Required: Check box to indicate a copy of the insurance card is attached.

SECTION 4: HEALTH HISTORY

Condition	Yes	No	Details – Necessary Medication/Treatment
Allergies			
Anxiety			
Asthma			
ADHD			
Convulsions, seizures			
Dental Problems			
Depression			
Diabetes			
Dietary concerns			
Ear/Nose/Throat Problems			
Eating Disorders			
Head Injury/Concussions			
Headaches/Migraines			
Heart Condition			
Menstrual Problems			
Muscular/Skeletal Problems			
Urinary or Bowel Problems			
Vision Problems			

Other			

Please list any additional health history concerns/comments including information about the student's physical, emotional, or mental health that Sarah Lawrence College Summer Programs should be aware of:

SECTION 5: SELF-ADMINISTERED MEDICATIONS

Drug Name	Rx or OTC?	Route	Dosage	Schedule

SECTION 6: SLC ADMINISTERED MEDICATIONS

The following over-the-counter medications are available from SLC and will be administered at the discretion of the Nurse Practitioner.

Please place an 'X' in the last column any medications that you do not want to receive. Please comment if you require an alternative dosage.

Drug	Route	Dosage	Schedule	Indications	Comments	Do Not Administer
Ibuprofen (e.g. Advil, Motrin)	Oral tablet	200mg tablet, 1-2 tablets	Every 4-6 hours	Pain, fever, cold symptoms,		

				toothache, muscle aches		
Acetaminophen (e.g. Tylenol)	Oral tablets	325 mg tablet, 1-2 tablets	Every 4-6 hours	Pain, fever, cold symptoms, toothache, muscle aches		
Phenylephrine Cold Tab	Oral tablet	1-2 tablets	Every 4-6 hours	Cold symptoms, fever, nasal congestion		
Robitussin	Oral liquid	1-2 teaspoons	Every 4-6 hours	Coughs		
Cough drops and Lozenges	Oral Lozenges	1-2 lozenges	As needed	Coughs, sore throats		
Diphenhydramine (e.g. Benadryl)	Oral capsule/liquid	25-50 mg	Every 4-6 hours	Insect bites, allergies, respiratory allergies		
Claritin (Loratadine)	Oral tablet	10 mg	1 daily	Allergy symptoms		
Antacid (e.g. Mylanta, Tums)	PO (pills or liquid)	15 ml or 2 tablets	Every 4-6 hours	Gas, heartburn, indigestion, stomach upset		
Dulcolax tablet	Oral tablet	1 tablet	At bedtime	Constipation		
Ivy Block and Tecnu	Topical (cream)	Local application	Apply 1-2 times per day	Contact with poison ivy		
Calamine and Hydrocortisone lotion	Topical solution	Local application	Apply 1-2 times per day	Insect Bites, rash, skin irritation		
H.Peroxide /Betadine	Cleansing solutions	Local wash	Apply 1-2 times per day	open wounds-blisters, cuts scrapes, splinters		
Bacitracin	Topical (ointment)	Local application	Apply 1-2 times per day	Open wounds-blisters, cuts, scrapes ,splinters		
Antifungal Cream/Spray	Topical (cream or spray)	Local application	Apply 1-2 times per day	Athletes foot, jock itch, heat rash		
Cooling Gel and Aloe (2% Lidocaine)	Topical (cream or gel)	Local application	Apply 2-4 times per day	Burns, sunburn		
Muscle Rub (Ben Gay)	Topical (cream)	Local application	Apply 1- 2 times per day	Minor muscle strains or pains		
Orajell, Anbesol Abreva	Topical cream or gel	Local application	Apply 2-4 times per day	Oral lesions, cold sores, toothache		
Medicaine	Topical (liquid)	1 swab	Apply once	Insect stings		
Visine	Optical (liquid)	1-2 drops	Every 6 hours	Eye strain, eye irritation		

SARAH LAWRENCE COLLEGE SUMMER PROGRAMS

SECTION 7: IMMUNIZATION RECORDS

Please indicate which of the following is attached.

- ☐ A copy of a physician's office current immunization records
- ☐ A copy of the health department's current immunization records
- ☐ A copy of the school's current immunization records

SECTION 8: CONSENT

Please review the medical treatment consent statements below and sign to provide consent.

I hereby grant permission to Sarah Lawrence College Summer Program's Nurse Practitioner to treat myself in the event of medical illness or injury, including the administration of the medications listed in Section 6 of this form.

I also authorize treatment of myself at a local urgent care facility or Lawrence Hospital and other appropriate local hospitals and emergency rooms as needed should a situation require immediate medical attention.

Signature Date

SARAH LAWRENCE COLLEGE SUMMER PROGRAMS

ADDENDUM A - Counseling and Mental Health Information Form

Part I: Students

In order to ensure the wellbeing of all of our students, we ask that this form be completed by a mental health professional as applicable to disclose any mental health condition(s) that could potentially impact a summer programs student both inside the classroom or outside the classroom. Alternatively, the student may fill out the form should the student not currently have a mental health professional.

Please note that the information provided on this form will be reviewed by our Nurse Practitioner and Summer Programs professional staff and be kept strictly confidential. Should a student present a mental health issue requiring urgent treatment, summer programs staff will accompany them to the nearest hospital and this form will be shared with the treating clinician. You are welcome to speak to our Nurse Practitioner at (914) 395-2205 should you have any questions or concerns.

Name of Student
Program Name

Part II: To be completed by the appropriate mental health professional

Please provide as much detail as possible in answering the following questions. Please include appropriate relevant health records and any information necessary for clinicians who might be treating this student on an urgent basis.

1. Describe the relevant physical and/or emotional health condition(s). (DSM V diagnosis, if applicable, and specific symptoms):

_____
_____
_____
_____
_____

2. When did the student first experience this condition, how did it occur, and when was the student diagnosed? Please provide specific dates.

_____
_____
_____

3. How was this condition treated, and for how long? Give specific dates and names/dosages of medication(s), if applicable.

4. Are there currently any problems or issues of concern regarding this condition? Describe plans for testing and/or treatment.

5. How is the student planning to manage his or her health for the duration of the program?

6. What is the prescribed plan in the event that this health condition becomes an acute or emergency situation while the student is attending a summer program?

7. What are the limitations, if any, on this student's participation in their chosen program?

SARAH LAWRENCE COLLEGE SUMMER PROGRAMS

HEALTH PROFESSIONAL'S AUTHORIZATION

I (name of clinician) _____ having received permission from, _____ (name of student) am willing to further discuss concerns pertaining to the student's mental health with the Nurse Practitioner for Summer Programs at Sarah Lawrence College if needed.

Signature of health professional: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country (if outside of U.S): _____ **Telephone:** _____