

Maud Morgan Arts Individual Health Care Plan

Maud Morgan Arts Center is a nut-free zone. There are no snacks, or drinks permitted inside of the studios. Note that in the Print/2D (upstairs studio spaces) Akua Inks are used (soy based). If you need further information please contact our staff.

The following forms are to inform the Maud Morgan Staff (listed below) of our student's allergens and medical conditions. We want to provide the safest environment for all our students. Please fill out the information listed below. A copy will be kept on file for the length of the student's enrollment.

Cory Shea, Director [cshea@agassiz.org]

Valerie Mendez, Site Coordinator, [vmendez@agassiz.org]

Ian Prishwalko, Snack and Track Coordinator

MMA Teachers (that are applicable)

Check all that Apply | Plan was created by:

_____ **Parent**

_____ **Doctor of Licensed Practitioner**

_____ **Older School Age Child (9+ years of age – see page 3)**

_____ **Other:** _____

Have you updated this information in your online MMA Account?

_____ **YES** _____ **NO**

Child's full Name: _____

Name of Chronic Health Care Condition: _____

Description of Chronic Health Care Condition: _____

Maud Morgan Arts Individual Health Care Plan

Symptoms: _____

Medical Treatment necessary while at the Maud Morgan Arts Center:

Back-Up Medication received? _____ **Yes** _____ **NO**

Potential Side Effects of Treatment : _____

Potential consequences if treatment is not administered:

ALL SIGNATURES REQUIRED

Parental/Guardian Consent

Parent/Guardian Signature: _____

Date: _____

MMA Director Signature: _____

Date: _____

Maud Morgan Arts Individual Health Care Plan

Permission for Self-Administration: Children Only 9+ Years of Age

With written parental consent and authorization of a licensed health care practitioner, this individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an individual health care plan provides for a child to carry their own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Child's Name: _____

Age of Child: _____

Date of Birth: - _____

Back-Up Medication Received? _____ YES _____ NO

Parent/Guardian Signature: _____

MMA Director Signature: _____