



**The  
MacDuffie  
School**

## **MEDICAL FORMS CHECKLIST** **SUMMER PROGRAM**

**All information on each document must be COMPLETED, and all documents must be SIGNED:**

\_\_\_\_\_ **1. Permission to Treat Form-** required prior to participation in any summer program

\_\_\_\_\_ **2. Prescribed Medication Authorization Form** - required for any **prescribed** medications. We supply “over-the-counter” medications for common ailments. Do **NOT** send any non-prescription medication with your child, as it is against school policy for campers to carry any non-emergent medication.

\_\_\_\_\_ **3. Over-the-Counter Medication Authorization Form.**

\_\_\_\_\_ **4. Massachusetts School Health Record** or physician record of annual physical exam (must be within last year).

\_\_\_\_\_ **5. Immunization Record** or physician record of immunization. Immunization waivers may be accepted for medical or religious reasons only. Contact the camp nurse if your child has a religious or medical exemption.

Send all health records to the camp nurse at:

Phone: (413) 255-0011

Email: [summercampnurse@macduffie.org](mailto:summercampnurse@macduffie.org)

Fax: (855) 761-1501

Mail: MacDuffie School

Attn: Nurse

66 School Street

Granby, MA 01033