



2012 MEDICAL RECOMMENDATION

Parents:

Have your physician or nurse practitioner complete this form if, in your opinion, information from your medical provider gives our program a better understanding of your child's health need(s). We rely on you to make that determination. This form is recommended for participation at the Language Villages.

To Physicians and Nurse Practitioners:

This child has enrolled in a summer residential program of the Concordia Language Villages. The program includes physical activity (i.e., swimming, soccer, volleyball) and takes place in the Minnesota North Woods. Our healthcare staff will use your information to help meet the health needs of the person described. Note that not all healthcare staff are registered nurses; some have only basic first aid skills.

Questions? Contact our Health Services office at 218-586-8771. Thank you!

Name of Child, Language Villager _____

Session Code _____
Letters Number

**Return this form to:
Concordia Language Villages Health Services
8659 Thorsonveien NE
Bemidji, MN 56601**

PLEASE PRINT

MD/NP

Name: _____

Office phone: (_____) _____
Area code

Address: _____
City State ZIP

Date this form was completed: _____

This child is under the care of a physician for the following reason(s): _____

Describe the treatment(s) to be continued at the Villages for this child: _____

List prescription medication(s) that this person should take while at the Villages (provide medical order for administration): _____

This person is allergic to: _____

Should exposure occur, how should the allergic reaction be treated? If this is an anaphylactic response, will this child bring an epinephrine device? _____

Describe significant physical findings regarding this villager and/or describe any limitations which may impact the child's participation in our program: _____

These medications, stocked in the Village Health Center, are used to manage illness or injury concerns and dispensed as directed via medical protocols signed by the program's supervising physician. **Cross out** those which are contraindicated for this villager:

- | | | | | |
|-----------------|--------------------------|------------------------------|------------------|-------------------------|
| Acetaminophen | Hydrocortisone Cream | Guaifenesin DM (cough syrup) | Naproxen (Aleve) | Silver Sulfadiazine |
| Alamag | Chlorpheniramine Maleate | Ibuprofen | Nix | Tolnaftate |
| Bismuth Tablets | Diphenhydramine | Ivy Dry | Pseudoephedrine | Triple Antibiotic Cream |
| Calamine Lotion | Generic cough drops | Loratadine | Senna | |

We may have neglected to ask something you feel is needed to adequately address the health needs of this child. If that is the case, please add your comments. Thank you for helping provide a successful Language Village experience for this child!

MD/NP signature: _____ Date: _____