



How to Have Your Child Medically Prepared for ChalleNGe

1. Make sure that your child has had all necessary appointments before the scheduled In-Processing date.

a. **DENTAL APPOINTMENTS:** Approval for routine dental appointments will not be granted. Dental appointments will **only** be made in emergency situation. If applicant is having Orthodontic follow-up, please make sure they have an adjustment scheduled prior to start of program and have a statement from the Orthodontist concerning how many weeks before the next follow-up. **Do not schedule a date.** Follow-up dates must be coordinated with the Medical Staff.

b. **MEDICAL APPOINTMENTS:** Will be made through the Medical Office, these will be made on a case by case basis only. No appointments should be scheduled without the Nurse being made aware.

c. **EYE APPOINTMENTS:** Please make sure that your child has had their routine eye exam before entering the program. Make sure they bring current prescription glasses with them. Glasses that “darken” when the child goes outside are NOT authorized. Glasses must be clear lens. **CONTACT LENSES are not** authorized. If your child has contact lenses we recommend they bring prescription glasses for the program.

2. If your child is currently taking any prescription medications please continue these medications. Do not stop medications unless directed by your physician.

a. **MEDICATIONS:** *Physician’s Authorization for Prescription & OTC Medications* form must be completed and signed by physician.

No Exceptions! On In-Processing Day be prepared to bring in 30 day supply of each medication with refills or separate scripts. You are responsible for supplying your child’s medication needs.

b. **ALLERGIES:** All allergies need to be addressed; food, environmental, seasonal, or medication allergies. If an Epi-Pen is needed, two must be brought in at the time of In-Processing. If allergic to any type of food, the *Medical Statement* form needs to be completed by parent & physician.

3. If your child wears a brace of some sort, a Clearance Statement from physician is required.

Signature of Parent/Guardian _____ Date _____

****Parent signature acknowledges, you agree and will comply with these terms.****