



REV. JAMES WERNER
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PRINCIPAL MICHAEL ROSS
Preschool – 8th Grade
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MS. BRIGETTA GUELKER
Preschool/Child Care/
Summer Camp Director
(858) 279-3311 or (951) 520-3390
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Reformation Lutheran Student Incidental Medical Treatment Notification & Training Form

Student: _____ Date: _____
(Last Name) (First Name)

This your notification that my child listed above may require incidental medical treatment with the medical equipment or medicine listed below (check all that apply) as prescribed by a doctor: _____

This equipment and or medicine was provided to the Preschool/Child Care/Summer Camp Director: Brigetta Guelker

On this date for incidental medical treatment as needed/prescribed.

Nebulizer machine for delivery of this medication: _____

Medication: _____

Epi-Pen (epinephrine Auto-Injector)

Insulin: _____

Other: _____

I affirm that I have personally trained the Preschool/Child Care/Summer Camp Director: Brigetta Guelker in proper use & administration of this medical equipment and or administration of this medicine & have attached any written instructions provided by the prescribing medical doctor or the equipment manufacturer to this form.

Student
Parent/Guardian: _____ Date: _____

I affirm that I was personally trained by the parent listed above for the listed student in proper use & administration of this medical equipment and or administration of this medicine & that I have reviewed any attached written instructions provided by the prescribing medical doctor or the equipment manufacturer on this date.

Director: _____ Date: _____

I affirm that I was personally trained by the Director listed above for the listed student in proper use & administration of this medical equipment and or administration of this medicine & that I have reviewed any attached written instructions provided by the prescribing medical doctor or the equipment manufacturer on this date.

Teacher/Camp Counselor: _____ Date: _____