

Health Form for Camp, Outdoor School and Extended Field Trip

Student's Name _____

Parent/Guardian _____

Address _____

Day Phone (____) _____ Evening (____) _____

Pager/Cell (____) _____

Emergency Contact _____ Relationship _____

Day Phone (____) _____ Evening (____) _____

Check if your child has any of the following conditions:

- | | | | |
|--------------------------------------|--------------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food/Medicine Allergies | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Sting Allergy | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Menstrual Disorders | <input type="checkbox"/> Vision Loss |
- Other _____

If checked above, please explain _____

Date of last tetanus shot _____

If your child has any symptoms of illness or has been exposed to a communicable disease and may be in the infectious stage, he/she needs to stay home.

MEDICATIONS:

ALL medication (prescription and over-the-counter) kept by school staff must be in a pharmacy or manufacturer's container, which is clearly labeled. Please list all medication your child **must** take on the back side of this form. Contact your licensed health professional to complete his/her section of the medication form before returning it to school.

My child may self-administer (please check) ___ Sunscreen ___ Insect Repellent ___ To prevent eye injury please send non-aerosol forms of sunscreen and insect repellent.

LIFE THREATENING CONDITIONS:

If a student has a life threatening condition (for example: diabetes, seizure disorder, severe allergy, etc.), basic information about how to safely provide for the student will be shared with camp staff on a "need to know" basis.

MEDICAL RELEASE:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Signature of Parent/Guardian _____ Date _____

Note: The district endeavors to maintain consistent and safe medication storage temperature while medication is at school; guaranteed. The district cannot provide replacement of medication due to power failures or acts of nature.