

OUTDOOR SCHOOL HEALTH HISTORY FORM

Student Health History for Outdoor School

Student Name: _____ Parent or Guardian: _____

Home Address: _____ Home Phone: _____

Family Doctor: _____ Doctor's Phone: _____

In emergency, if unable to reach parent, contact:

Name: _____ Phone: _____

Address: _____

Special Information

YES NO

Recent exposure to contagious disease Diseases: _____

Sleepwalking

Bedwetting

Fainting

Allergic Reactions (plant, insect, food, medicine, etc.) Type: _____

Is student taking medication at present?

If yes, explain _____

**Students must have medications and paperwork submitted to the Student Services Health Room prior to Outdoor School. Please do this a week in advance. This is true even for over the counter medications.*

Other information or direction from parent

In case of surgical emergency, I hereby give permission to the physician selected by the school director, or in their absence, their designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on the reverse side of this form and signed.

Parent's Signature: _____ Date: _____

Fill out and return to your LA/SS teacher by Wednesday, March 14, 2018.

Outdoor School Use Only: Cabin: _____ Counselor: _____