



**NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT
NW OUTDOOR SCIENCE SCHOOL
5825 NE Ray Circle Hillsboro, OR 97124
503- 614-1403**

HIGH SCHOOL STUDENT LEADER MEDICAL INFORMATION

(Bring this completed form to Outdoor School)

All information on this form must be completed and signed by a parent/legal guardian. **Please bring the completed form to Outdoor School (ODS).** If you have any questions, or if this student has any special health/dietary needs (diabetes, life-threatening allergies, gluten-free, etc.) please contact the Outdoor School office at 503-614-1403. For students with diabetes, we will need an updated protocol from the student's doctor before attending Outdoor School as a Student Leader.

STUDENT'S NAME _____ Birth Date: _____ Age _____ Gender (circle one): M F X

Mother or Legal Guardian _____ Home Phone _____ Work Phone _____

Father or Legal Guardian _____ Home Phone _____ Work Phone _____

COMPLETE ADDRESS: _____
Street Apt.# City ZIP

SCHOOL: _____

Emergency contact (in case neither parent can be reached) _____

Phone: _____ Relationship: _____

Name of Child's Physician : _____ Phone: _____

HEALTH & MEDICAL INFORMATION

Please list any recent medical concern/condition/ injury/exposure to illness/ hospitalization _____

Specify any activities that are not allowed, or any prosthetic or other aid that will be sent. _____

Date of last tetanus shot (if known) _____

Does your child have asthma? Yes No Frequency/severity/treatment of attacks? _____

Please explain: _____

Known Allergies: Hay Fever Food Bee Sting Drug Allergy Latex Other _____

Allergic reaction seen / what action taken at home when this happens _____

Frequency/severity/treatment of allergies? Please explain: _____

Does your child need a special diet? Yes No If yes, explain (**please call the ODS office if allergy is life threatening, or if student has diabetes**): _____

Recent exposure to any infectious disease in last two weeks? (i.e., chicken pox, pink eye, strep throat, head lice, etc?) _____

INSTRUCTIONS FOR MEDICATIONS, VITAMINS, SUPPLEMENTS & HERBAL REMEDIES

1. Prescription and over-the-counter medications must be in the **original container** and placed in a zip lock bag with name on the outside. Please do not mix medications. Use one container for each medication. Your pharmacist will provide small, labeled containers. The pharmacist's label constitutes the physician's order to dispense the medication.
2. Non-prescription over-the-counter medications sent from home **must be in the original labeled container** and must be accompanied by written instructions from parent. Please send over-the-counter medication **only** if that medication is **NOT** on the Outdoor School list of over-the-counter medications on the reverse of this form.
3. For **nonprescription medication (including vitamins, supplements & herbal remedies such as melatonin)** that is not approved by the Federal Drug Administration, a written order from the student's prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, a statement that the medication must be administered while the student is at Outdoor School, any other special instructions, and the signature of the prescriber is required. (<https://goo.gl/ovHkBg>). Prescribers can only be doctors of medicine or osteopathy, physician assistants, advance practice registered nurses with prescriptive authority, dentists, optometrists, naturopathic physicians and pharmacists.
4. The Outdoor School Health Supervisor will dispense all medications.
5. Students who need to carry asthma inhalers, epinephrine or other emergency medications with them, must bring a backup to be kept at the health supervisors' station.

WE WILL NOT DISPENSE MEDICATIONS THAT DO NOT MEET THE ABOVE REQUIREMENTS!

STUDENT LEADER'S NAME: _____

PRESCRIPTION MEDICATIONS. Student Leader will bring these medications to ODS.

Name of Medication & Dosage	Time	Purpose of Medication & Special Instructions

To facilitate the ODS schedule, can medication delivery times be adjusted by up to an hour? Yes No

OVER-THE-COUNTER MEDICATIONS

The Outdoor School consulting physician has issued orders permitting the dispensing of common over-the-counter medications. These medications will be dispensed, as needed, to the student in accordance with the physician's standing orders.

DO NOT send these medications with your child.

Initial medications you DO NOT want your child to take

<input type="checkbox"/> Non-aspirin pain reliever (Tylenol, Advil, Midol)	<input type="checkbox"/> Hydrocortisone Cream 1%	<input type="checkbox"/> Gatorade
<input type="checkbox"/> Antacids (Maalox, Mylanta, Tums)	<input type="checkbox"/> Cough Syrup (Robitussin)	<input type="checkbox"/> Imodium (diarrhea)
<input type="checkbox"/> Antihistamine/decongestant (Benadryl, Coricidin, Sudafed)	<input type="checkbox"/> Throat lozenges, cough drop	<input type="checkbox"/> Skin lotion (Calamine)
<input type="checkbox"/> Antiseptic cleanser (Hibiclens)	<input type="checkbox"/> Oil of cloves (for toothache)	<input type="checkbox"/> Benzocaine (insect sting swabs)
<input type="checkbox"/> Antiseptic ointment (Neosporin)	<input type="checkbox"/> Meat Tenderizer (bee stings)	<input type="checkbox"/> Carmex (for chapped lips)

NOTE: Brand names have been listed but their generic equivalent; the same medication of a different brand may be substituted.

Epinephrine, oxygen, Ipecac, Albuterol inhaler and instant glucose are available in the event of a life threatening emergency in accordance with the Outdoor School physician's standing orders.

IMPORTANT: Nonprescription medication (including vitamins, supplements or herbal remedies such as melatonin) that is not approved by the Federal Drug Administration can only be dispensed to students if it is accompanied by a written order from the student's prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, a statement that the medication must be administered while the student is in school, any other special instructions, and the signature of the prescriber. (See instruction #3 on front of this form for a list of legally defined prescribers.)

THIS BLOCK MUST BE SIGNED FOR YOUR CHILD TO ATTEND ODS

PERMISSION FOR ADMINISTRATION OF MEDICATION AND EMERGENCY CARE

I hereby give permission for the Outdoor School health supervisor to administer medication to the student identified above. I understand that it is my responsibility to provide such medication(s), and that all medication must be provided in the original pharmacy labeled containers. I understand that my child shall be responsible for going to the health supervisor at the specified time(s) for medications. I acknowledge that the administration of medication by Outdoor School personnel is an accommodation to be performed solely upon my request. I release and waive any and all claims which I now have or may hereafter have against the Northwest Regional ESD and their officers and employees arising out of the administration of or failure to administer the medication to the above student or any adverse reaction to such medication.

I understand that if my child requires medical attention in addition to the specifically requested administration of medication, the Outdoor School staff will attempt to contact me first. If I am unavailable, my child's physician will be called. Should I or the child's physician be unavailable, I authorize any physician of the Northwest Regional ESD's choosing to attend my child. I hereby authorize such physician to perform any emergency medical treatment that is deemed necessary. I also give my permission for Outdoor School personnel to transport my child or arrange transportation in an emergency if medical care is needed.

RELIGIOUS OR PERSONAL OBJECTION

If you have a religious/personal objection to medical treatment please check the appropriate boxes:

NO BLOOD or BLOOD PRODUCTS, NO MEDICATION in any form.

I understand and consent that in the event of a life threatening situation, my child or ward, regardless of religious or personal convictions, will be administered life-sustaining first aid and medical care.

PERMISSION TO USE PHOTOGRAPH

From time to time Outdoor School wishes to use children's photographs for publicity and public relations purposes. I hereby grant permission to the Northwest Regional ESD to reproduce my child's likeness photographically or electronically and use such reproductions without limitation, compensation, or reservations. YES NO

_____ Date _____

Required Signature of Parent or Legal Guardian