



Northwest Regional Education Service District

5825 N.E. Ray Circle, Hillsboro, OR 97124, 503-614-1402

Student Health History and Parental Permission Form

OUTDOOR SCHOOL

All information on this form must be completed and signed by a parent/legal guardian. Please return the completed form to the classroom teacher as soon as possible – **PLEASE**, no later than **THREE WEEKS** prior to your child leaving for Outdoor School. If you have any questions, please contact your child's teacher or call the Outdoor School office at 503-614-1402 or fax to 503-614-3182.

IF YOUR CHILD'S MEDICAL CONDITION OR MEDICATIONS CHANGE AFTER COMPLETING THIS FORM, PLEASE SEND A SIGNED NOTE TO THE OUTDOOR SCHOOL HEALTH SUPERVISOR.

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

Primary Contact (Legal Guardian) Name: _____ Relationship _____

Primary Phone # _____ cell/home/work (circle one) Secondary Phone# _____ cell/work/home

Secondary Contact (Legal Guardian) Name: _____ Relationship _____

Primary Phone # _____ cell/home/work (circle one) Secondary Phone# _____ cell/work/home

STUDENT'S COMPLETE ADDRESS: _____

Street Apt.# City ZIP

SCHOOL: _____ **TEACHER'S NAME** _____

Emergency contact (in case neither guardian listed 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 a social/emotional disorder? No Yes, please describe: _____

Does your child have asthma? No Yes If yes, should inhaler stay with student at all times?

Explain frequency/severity/treatment of attacks? _____

Known Allergies: Foods (list) _____ Hay Fever Bee Sting Latex

Drug Allergy (list) _____ Other (list) _____

Clearly describe what type of exposure causes a reaction (air borne/topical/ingestion), the type of reaction possible, and treatment given _____

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

Check any condition which warrants a bottom bunk: Bedwetting Frequent urination Sleepwalking Seizures

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. All medications must be turned in to the classroom teacher before departure. **Do not** pack medications in your child's luggage.
2. 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. Each type of medication should be packaged seperately. Your pharmacist will provide small, labeled containers if requested. The pharmacist's label constitutes the physician's order to dispense the medication.
3. 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 DO NOT send medications detailed on the Outdoor School list of over-the-counter medications (on the reverse of this form).
4. 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.
5. The Outdoor School Health Supervisor will dispense all medications.
6. It is recommended that students who need to carry asthma inhalers, epinephrine, or other emergency medications with them bring a backup to be kept at the health supervisor's station.
7. All medications and containers will be returned to the classroom teacher at the end of the week.

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

STUDENT'S NAME: _____

MEDICATIONS -- Student will bring these medications to ODS.

Name of Medication & Dosage	Time of day	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.

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

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

DO NOT SEND THE FOLLOWING MEDICATIONS AS THEY ARE SUPPLIED ON SITE:

Non-aspirin pain reliever (Acetaminophen, Ibuprofen, Midol)	Benzocaine (Insect Sting Swabs)	Hydrocortisone Cream 1%
Antacids (Milk of Magnesia, Gaviscon, Tums)	Carmex (Chapped lips)	Imodium (Diarrhea)
Antihistamine/Decongestant (Benadryl)	Cough Syrup (Guaifenesin)	Skin Lotion (Calamine)
Antiseptic Cleanser (Hibiclens)	Cough Drops	Throat Lozenges (Chloraseptic/Cepacol)
Antibiotic Ointment (Polysporin)	Gatorade/Pedialyte	Vaseline

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 #4 on front for a list of legally defined prescribers.)

List any medications you **DO NOT** want your child to take:

THIS BLOCK MUST BE SIGNED FOR YOUR CHILD TO ATTEND OUTDOOR SCHOOL

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. If you do not want your child's image used for the above purposes, please submit a written notice on a separate piece of paper stating this information.

Date _____

Required Signature of Parent of Legal Guardian