

Outdoor School Emergency Medical Information

To serve your child in case of sudden illness or accident, it is necessary that you **COMPLETE ALL** of the following information. **Please be sure to sign the back of this form.** Thank you.

Name _____ SEX M F Birthdate _____
 Address _____ Birthday at Camp? Yes/No
 Home Phone _____ Vegetarian Diet? Yes/No
 Mother's Name _____ Business Phone _____
 Father's Name _____ Business Phone _____
 Family Physician _____ Phone _____
LOCAL Emergency Phone Number _____

Health Information: Please be **SPECIFIC** about health concerns.
 Check or Circle those that apply: (space below and on back for further comments)

Medical Conditions	Physical Conditions	Medication Allergies: <input type="checkbox"/> none
Asthma <input type="checkbox"/>	Vision glasses/contacts	Yes:(list)
Diabetes <input type="checkbox"/>	Hearing <input type="checkbox"/>	
Seizures <input type="checkbox"/>	Orthopedic <input type="checkbox"/>	
Skin Condition <input type="checkbox"/>	Sleepwalking <input type="checkbox"/>	Bee Sting Reaction: <input type="checkbox"/> Yes
Other:	Bedwetting <input type="checkbox"/>	mild/moderate/severe
	Other:	Needs ANA kit? yes/no
Date of most recent Tetanus Immunization: _____ (If unsure, should be in school records)		Other Allergies:

Explanation of above (more room on reverse):

Food Restrictions:

May the on site medical staff give your child **Tylenol**? Yes/No

List **ALL** medication currently taking and/or those taken on an "as needed" basis:

Name of Medicine	Dosage/Frequency	For what Condition?	Possible side effects?

Do you want the medical staff to contact you before your child attends Outdoor School? Yes

ADDITIONAL COMMENTS:

