

## STUDENT HEALTH INFORMATION FOR OUTDOOR EDUCATION

In case of an emergency, illness or injury, please list the name and number of a person who can be contacted, if the contact number(s) on the reverse side cannot be reached.

1. Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

### MEDICATIONS

Is your child taking ANY medication that will need to be given while on this trip? **YES** \_\_\_ **NO** \_\_\_  
This includes over the counter meds (OTC), vitamins, cough drops, herbal supplements and inhalers.  
Please list medication(s), dosage, time(s) and reasons for giving while on this trip.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

For any medication (not currently administered at school) you **MUST**:

- Complete and return a "Medication at School" permission form including signatures of physician **AND** parent. This form is required for any medication and is available in the Nurse's Office or the BISD website: [www.bisd303.org/Resources/FamilyForms/Medication At School](http://www.bisd303.org/Resources/FamilyForms/MedicationAtSchool)
- Return signed Medication permission forms to the Nurse's Office ASAP
- Bring in medication to the Nurse's Office in the **ORIGINAL CONTAINER** and properly labeled.
- Medications already on file and being administered at school will be brought along. No need to duplicate the forms.

### DIETARY

Are there any dietary restrictions for you child while at camp? **YES** \_\_\_ **NO** \_\_\_ If yes, list restrictions:

### MISCELLANEOUS

Does your child need to be awakened at night for any reason? **YES** \_\_\_ **NO** \_\_\_ If yes, please explain:

If your child has trouble sleeping or awakening during the night, what is typically done at home? \_\_\_\_\_

Does your child have any problems or conditions that would exclude him/her from participating in any activities while at camp? **YES** \_\_\_ **NO** \_\_\_ If yes, list restrictions: \_\_\_\_\_

Any other information we should know about your child for camp, such as allergies? \_\_\_\_\_

Student's Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_