

# Medical Form - part 1

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

## EMERGENCY CONTACTS:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Pager \_\_\_\_\_

**Is there any medical condition your child has that would prohibit his/her ability to participate in outdoor activities in a forest environment?**

\_\_\_\_\_

\_\_\_\_\_

**LAST TETANUS BOOSTER DATE** \_\_\_\_\_

**Please list any medication your child will require while away and send the proper amount with your child in its original container. Your child will have to medicate him/herself.**

<u>Medication</u>	<u>Dosage</u>	<u>Time Taken</u>
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Parent's signature \_\_\_\_\_

date \_\_\_\_\_

\*2

## Medical Form – Part 2

I give permission for my child to take over-the-counter medications (such as advil, Tylenol, Tums, Roloids, Pepto Bismol, etc.) while on this trip.

C

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
This health history is correct as far as I know and the person herein described has permission to engage in all program activities except:

D

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
I grant permission to the physician selected by the teacher or facility administrator to order X-rays, routine tests and treatment for the health of my child; and in the event I can not be reached, in an emergency, I hereby give permission to the physician selected by the teacher or facility administrator to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named above. I also understand that it is my responsibility to secure payment for this treatment.

E

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\*

Copies of our family Medical Cards are attached

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