

Health History Form for Outdoor Education Visits

Return Completed Form to:

Student Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Boy Girl
Month Day Year

Parent/Guardian: _____

Preferred Phone #: (_____) _____

About health care for Outdoor Education Visits:

- A school representative who is responsible for all first aid and emergency situations will be at camp.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate, a school representative will contact you and arrange for your student to be picked up at camp.
- Students should bring – and use – insect repellent (minimum 30% DEET suggested) and sunscreen (minimum 30 SPF).

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food or medication? Yes No

If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis
_____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No

If YES, will your child carry a rescue inhaler during the camp session? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent: _____ Phone: (_____) _____

5. List the medications that your camper takes on a routine basis: This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

a. Med: _____ Reason for taking this: _____

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct to the best of my knowledge. I understand that the school has limited healthcare on site and that teachers will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the school will handle medication as described and that information on this form will be shared with school personnel on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____