

West Irondequoit CSD
HEALTH HISTORY FOR OUTDOOR EDUCATION

Child's Name _____ Birth Date _____

Name of Parent or Guardian _____

Address _____

Telephone 1. _____ 2. _____

Physician _____ Telephone _____

Emergency contact in the event a parent cannot be reached _____

Telephone _____ Relation to child _____

Please be sure the emergency contact, is aware that you have designated them and will be available during Outdoor Education

The School Nurse will administer to the special needs and health concerns of your child during Outdoor Education. This information is kept confidential and is for your child's care and protection.

Has your child ever had: (please check)

	Yes	No		Yes	No
Seasonal Allergies	___	___	Elevated Blood Pressure	___	___
Bee Sting Allergy	___	___	Headaches	___	___
Asthma	___	___	Head Injury/Concussion	___	___
Anxiety	___	___	Heart Problem/Murmur/Chest Pains	___	___
Peanut/food allergy	___	___	Nose Bleeds/Frequent or severe	___	___
Bladder/Kidney Problem/ or Injury	___	___	Seizures	___	___
Fainting Spells	___	___	Fracture/Dislocation Bones	___	___
Diabetes	___	___	Knee Injury	___	___

If you answered "Yes" to any of the above please explain: _____

Is your child currently taking any medications on a regular basis or on an "As Needed" basis? Please list the medications and reason for use: _____

Other issues i.e. car sickness, sleepwalking, home sickness: _____

I give my permission for _____ to attend the Outdoor Education camping program.
 I also give permission for emergency treatment to be secured in the event that it becomes necessary.

Date _____

Parent or Guardian Signature _____

PROTOCOLS FOR MEDICATION ADMINISTRATION

1. Parents who are attending Outdoor Education may administer medication to their own child during the Outdoor Education Program; **there is no need for any form to be filled out.**
2. Parents may also designate and authorize another adult over age 18 to administer medication to their child.
3. A child may self-administer medication with the appropriate documentation from their parent and primary care physician.
4. The school nurse can administer medication for all students that require medications during Outdoor Education.

The following forms are available on the district website:

- **Parent Authorization for Administration of Medication by Designated Adult, other than school nurse.**
- **Parent/Guardian and Health Care Provider Request for Student Self Medication**
- **Parent and Prescriber's Authorization for Administration of Medication in School**

The school nurse must have on file one of the above forms, in order for your child to receive medication during Outdoor Education.

1. A *written request from the physician* in which the medication name, frequency, and dosage is indicated. ***This includes all prescription and over the counter medications.***
2. A *written request from the parent* to allow the student to self-administer the medication specified by the physician.
3. The medication must be in a *pharmacy labeled prescription container or original over the counter labeled container.*
4. All medications and medication request forms must be delivered to the school Health Office by a *parent or designated adult only, PRIOR to the day of departure.* Medications brought to school by students or on the day of departure will not be accepted.
5. If a student is observed taking medication during Outdoor Education without the presence of a parent or the appropriate authorization form on file, the medication will be taken from the student and parents will be called in accordance with district protocols.

Please do not deliver medication on the morning of Outdoor Education.

Mimi Buerkle, RN
Iroquois School Nurse (336-0816)

Sue Johnston, RN
Rogers School Nurse (336-4714)