



Northwest Outdoor Science School



Permission and Student Health History Form (please complete with blue or black ink)

Confidential, for Teachers, NOSS Nurse and Site Supervisor use only. To be archived and destroyed by NOSS

Student's Name: _____ Student's School ID #: _____

School: _____ Teacher's Name: _____

Student is planning to attend Yes No (If no, why): _____

(If student is not attending Outdoor School, you do not need to complete the rest of this form)

By signing below, you are giving your student permission to attend Outdoor School, and to receive emergency care when needed. You are also agreeing to arrange pick up /transportation for your student when requested by NOSS. See full explanation in the Caregiver Letter.

X _____ **Date** _____

Required Signature of Parent or Legal Guardian

Photo opt out: If you do not want your student's image to be used in promotional materials check this box

CONTACT INFORMATION

Primary Contact (Legal Guardian) Name: _____ Relationship _____

Primary Phone # _____ Secondary Phone# _____

Secondary Contact (Legal Guardian) Name: _____ Relationship _____

Primary Phone # _____ Secondary Phone# _____

Emergency contact (in case neither guardian listed can be reached) _____

Phone: _____ Relationship: _____

Name of Student's Physician: _____ Phone: _____

IDENTIFICATION & MEDICAL INFORMATION

Race: (check all that apply) Asian Black/African American Caucasian Hispanic/Latino/Latina/Latiné
 Native American/Alaskan Native Native Hawaiian/Pacific Islander Other: _____ Prefer not to answer

Birth Date: _____ Age _____

Specify any activities that are not allowed, or any prosthetics or other aid that will be sent.

Do you have any concerns about your student's social/emotional needs? Yes No If yes, please describe: _____

Does your student have an IEP/504? Yes No

If yes, what is it for: _____

Does your student have asthma? Yes No If yes, please send an inhaler with your student to self-carry

Explain frequency/severity/treatment of attacks? _____

Known Allergies: Foods (list) _____ Hay Fever Bee Sting Latex

Drug Allergy (list) _____ other (list) _____

Clearly describe what type of exposure causes a reaction (air borne/topical/ingestion), the type of reaction possible, and treatment given: _____

Is this allergy life threatening? Yes No Do they carry an EPI pen? Yes No

Special dietary needs (examples: vegetarian, vegan, gluten free, Halal, Kosher) etc.: _____

Health Needs (Please check all that apply)

<input type="checkbox"/>	Bowel/ Bladder Condition	<input type="checkbox"/>	Seizure Condition
<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Skin Condition
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	Hearing Condition	<input type="checkbox"/>	Vision Condition
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Other Chronic or recent illness or surgical procedures
<input type="checkbox"/>	Mobility Issues	(specify):	
<input type="checkbox"/>	Physical Injuries (recent)		

STUDENT'S NAME: _____

MEDICATIONS - Student will bring these medications to NOSS.

Prescriptions and OTC Medications must come in original container. Vitamins & supplements require a doctor's note because the FDA does not regulate them. Refer to the Caregiver letter for detailed information. NOSS Staff will not dispense any medication/vitamins/supplements that do not meet the requirements.

Name of Medication and Dosage	Time of Day	Purpose of Medication & Instructions

To facilitate the NOSS schedule, can medication delivery times be adjusted by up to an hour? Yes No

OVER – THE – COUNTER MEDICATIONS

NOTE: Brand names listed but their generic equivalent may be substituted. Epinephrine, Albuterol and instant glucose are available in the event of a life-threatening emergency in accordance with the Outdoor School physician's standing orders.

DO NOT SEND THE FOLLOWING MEDICATIONS AS THEY ARE SUPPLIED ON SITE:

Non-aspirin pain reliever (Acetaminophen, Ibuprofen)	Throat Lozenges/ Cough Drops (Chloraseptic/Cepacol)	Hydrocortisone Cream 1%
Antacids (Tums/ Gaviscon)	Decongestant (Phenylephrine)	Loperamide (Imodium)
Antihistamine (Benadryl/ Zyrtec)	Cough Syrup (Guaifenesin)	Technu Soap / Calamine Lotion
Antiseptic Cleanser (Hibiclens)	Benzocaine (Insect Sting Swabs)	Milk of Magnesia
Antibiotic Ointment (Polysporin)	Gatorade/Pedialyte	Petroleum Jelly (Vaseline)

List any medications you DO NOT want your student to take:

PERMISSION FOR ADMINISTRATION OF MEDICATION

I hereby give permission for authorized Outdoor School staff to administer prescription, supplement, and/or OTC medication(s) prescribed for the student identified above. I understand that it is my responsibility to provide all medication(s) in the original labeled containers. I understand that my student shall be responsible for going to the health supervisor at the specified time(s) for medications. I give permission for authorized Outdoor School Staff to administer OTC medications from the list above as needed. I acknowledge that the administration of medication by Outdoor School personnel is an accommodation to be performed solely upon my request. I release and waive any and all claims, which I now have or may hereafter have against the Northwest Regional ESD and their officers and employees arising out of the administration of or failure to administer the medication to the above student or any adverse reaction to such medication.

Please check boxes for exceptions to the above.

Only Medications Sent with Student NO MEDICATION in any form NO BLOOD or BLOOD PRODUCTS

X _____ **Date** _____

Required Signature of Parent or Legal Guardian

IF YOUR STUDENT'S MEDICAL CONDITION OR MEDICATIONS CHANGE AFTER COMPLETING THIS FORM, PLEASE SEND A SIGNED NOTE TO THE OUTDOOR SCHOOL OFFICE

Religious/ Cultural Observance Form

There are many different religious and cultural observances that may occur during the time your student is at Outdoor School. At Northwest Outdoor Science School, we will make every effort to accommodate your student in these observances. This form will help us understand each family's unique needs. If your student needs accommodations based on a religious or cultural need, please fill out the form below and return to your student's teacher with the Student Permission and Health Form.

Student's Name: _____ **School:** _____

Guardian Name: _____ **Phone:** _____

Name of Observance (Ramadan, Yom Kippur, Lent, etc.): _____

Please describe in as much detail as possible what we can do to accommodate your student. (E.g. needs for prayer, specific instructions for mealtimes, medications your student cannot take for religious reasons, etc.)

Other Accommodations

Having as much information as possible about your student will help us best support them while they are at Outdoor School. Please use the space below with any information not included on the Permission and Student Health History Form.
