

Barrington 220
ENVIRONMENTAL EDUCATION HEALTH PERMISSION FORM

Student Name: _____ Teacher: _____

The school may administer **FIRST AID** to my child: Yes _____ No _____

HEALTH INFORMATION

Responses are confidential and shared with professional staff on a need-to-know basis.

ALLERGIES (bee stings, food, medication, animals, other) Yes _____ No _____

If yes, please list and describe allergic reaction experienced and treatment. _____

GENERAL HEALTH IS: Good _____ Fair _____ Poor _____

If fair or poor, please explain: _____

KNOWN HEALTH CONDITION or PHYSICAL DISABILITY (please list): _____

UNDER A DOCTOR'S CARE: _____. If yes, for what? _____

MEDICATION DURING THE TRIP: Yes _____ No _____

If yes, please list name, purpose, and time given: _____

IF NEEDED, DO YOU WANT YOUR CHILD TO RECEIVE generic Tylenol, Advil or Benadryl per district standing orders? Yes _____ complete the permission form attached. No _____

APPETITE IS: Good _____ Poor _____. RESTLESS SLEEPER? Yes _____ No _____

Does he / she wet the bed at night? Yes _____ Occasionally _____ No _____

Please list any recommendations or suggestions you think might help your child during his / her stay at camp. _____

IN THE EVENT OF AN EMERGENCY PLEASE CALL:

Family Physician Name and Phone number: _____

If my child becomes ill or injured during an environmental education trip, and needs emergency care, and I cannot be reached, contact my doctor or take him / her to the nearest hospital for emergency treatment. My signature indicates the school and hospital have my permission to take the necessary action and administer treatment, and I agree to assume all responsibility and expenses incurred at such time.

Parent / Guardian signature

Date

Cell phone #

Home / Work phone #'s

Alternate name and number if the above cannot be reached is: _____

Name and Relationship to student

Phone # 's