## NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT Northwest Outdoor Science School 5825 NE Ray Circle Hillsboro, OR 97124 Phone: (503) 614-1402 Fax: (503) 614-3182

## **EMERGENCY INFORMATION AND MEDICAL PERMISSION FORM**

(NOSS Staff and Teachers/Aides)

NAMELast			BIRTHDA	ATE / /	
Last	First	М		D / DAY / YR	
ADDRESS			PHONE:		
		oove)			
				DNE	
IN CASE OF EMERGE	ENCY, PLEASE CONT	CACT:			
NAME			RELATIONSHIP:		
ADDRESS:			PI	PHONE:	
NAME	RELATIONSHIP:				
ADDRESS:			PHONE:		
		red:		□bee sting □drugs □ latex □	
Other (list)	Explain re	action:			
Special diet (explain					
Attach an additional well being.	sheet if there is an	y additional informatic	n you wish to s	hare that is related to your	
		MEDICATIONS	5		
1. No medications medications into		ns with student access.	Teachers and st	taff are encouraged to turn	
2. Prescription and	over-the-counter m	nedications must be in	original contain	ner.	
I am taking the followin	g medications and will	bring them to Outdoor Sch	ool.		
Medication	Reason	Dosage	Time	Prescribing Physician	

## PERMISSION FOR ADMINISTRATION OF EMERGENCY CARE

In case of emergency, I hereby give permission to the physician selected by the Outdoor School to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for myself, as named above. I also give my permission for the Outdoor School personnel to arrange transportation in an emergency or if medical care is needed.

 Signature
 Date

 If YOU HAVE A RELIGIOUS/PERSONAL OBJECTION

 If you have a religious/personal objection to medical treatment please check the appropriate boxes:

 NO MEDICATION in any form.

 NO BLOOD or BLOOD PRODUCTS (for emergency hospital use only)

 I do understated that in the event of a life-death situation I will be administered life-sustaining first aid and medical care regardless of religious or personal convictions.

 Date

Please sign here ONLY if you have a religious or personal objection.