



# Northwest Outdoor Science School

## Permission and Student Leader Health History Form



(please complete with **blue** or **black** ink only)

Confidential, for Teachers and NOSS Staff use only. To be archived and destroyed by NOSS

**Student Leader's Name:** \_\_\_\_\_ **Student's School ID #:** \_\_\_\_\_

**School:** \_\_\_\_\_

By signing below, you are giving your student permission to attend Outdoor School, and to receive emergency care when needed.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

**Required Signature of Parent or Legal Guardian**

(if student is over the age of 18, they can sign for themselves)

**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 # \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact (Legal Guardian)** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email \_\_\_\_\_

**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  White  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: \_\_\_\_\_

Known Allergies:  Foods (list) \_\_\_\_\_  Seasonal  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)

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? \_\_\_\_\_

Bowel/ Bladder Condition	Seizure Condition
Bedwetting	Skin Condition
Diabetes	Sleepwalking
Hearing Condition	Vision Condition
Heart Condition	Other Chronic or recent illness or surgical procedures
Mobility Issues	(specify):
Physical Injuries (recent)	

**STUDENT LEADER'S NAME:** \_\_\_\_\_

**MEDICATIONS - Student will bring these medications to NOSS.**

Prescriptions and OTC Medications must come in original container. **Vitamins & supplements (i.e melatonin, multivitamins, lactaid) require a doctor's note.** 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 (EX: 8:30 AM, 9:00 PM)	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. If your student has a prescription for these meds, send them to Outdoor School

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

Non-aspirin pain reliever (Acetaminophen, Ibuprofen)	Benzocaine (Insect Sting Swabs) Cough Drops / Throat Lozenges (Chloraseptic/Cepacol)	Hydrocortisone Cream 1% Loperamide (Imodium) Milk of Magnesia
Antacids (Tums/ Gaviscon)	Cough Syrup (Guaifenesin)	Technu Soap / Calamine Lotion
Antihistamine (Benadryl/ Zyrtec)		
Antibiotic Ointment (Bacitracin)		

**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 **ONLY FOR EXCEPTIONS** to the above.

**NO SITE SUPPLIED OVER THE COUNTER MEDICATION (OTC)**

(only medications provided by student will be dispensed)

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

**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. While we will make every effort to modify your student's schedule or experience to accommodate their needs, we cannot honor any requests for accommodations that would exclude other students from Outdoor School activities or spaces.

**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.)

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## 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.

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