

Cass Junior High School

Make Checks Payable to: Cass School District #63

Outdoor Environmental Education

Permission and Health Information Form

Complete this section for each participant

Participant's Name: _____ Date of Birth _____

Address: _____

Home Phone: _____ Cell Phone: _____

In case of emergency call: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Physician's Name: _____ Physician's Phone: _____

Rate the participant's general health Good Fair Poor



Date of most recent **tetanus booster**:

****Do not return this form without your child's tetanus booster date***

Does he/she walk in his/her sleep? No Yes

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

Is this your child's first time away from home? No Yes

Does the participant have any special dietary, allergies or physical restrictions? No Yes - if so, please explain

Please complete the opposite side

Medical Information

All prescription medications must be in the **original containers** and **labeled** with the child's name, name of the medication, dosage and times when the medication is to be given. Any over the counter medications must be in the original labeled containers. Medications brought to camp in any other manner will not be given, there will be **no exceptions**.

NO medication, including over the counter drugs will be given unless this entire health form is completed, signed and the medication is brought in.

Name of Medication: _____

Times Taken _____ Dosage _____

Name of Medication: _____

Times Taken _____ Dosage _____



YES **NO** I give permission for the Cass teachers to administer *Tylenol* or *Advil* (circle one medication), **which I have provided for my child as needed**.

Your signature indicates that you fully understand and give permission to the described procedures.

I grant permission for the Cass Fifth Grade Teachers to administer and/or supervise:

1. The medication as described on the form and /or
2. Any medical, surgical and nursing services given by approved physicians/nurses, which may be necessary during the residential experience.



Parent /Guardian Signature

Date