



Jack L. Boyd Outdoor School

Health Information and Treatment Authorization

(side 1 of 2)



Steven E. Gomes, Ed.D.
Superintendent

FORM MUST BE COMPLETED AND SIGNED IN INK (reverse side) BY PARENT OR GUARDIAN

Name of Student: _____ Date of Birth: _____ Male

School: _____ Female

TO HELP US INSURE THAT YOUR CHILD HAS A PLEASANT AND SAFE EXPERIENCE, PLEASE ANSWER EVERY QUESTION AND EXPLAIN ANY YES ANSWERS.

1. Does your child have any health problems which might affect his/her care, such as asthma, diabetes, seizures, hearing or vision losses, etc.? If YES, please specify. If your child uses an inhaler for asthma, you will need to have the form "Request for Self-Administration of Medication" completed and signed by your child's Health Care Provider. Yes No

2. Is your child allergic to or has s/he reacted unusually to any medicine, insect sting, food, or other substance? If YES, please give complete details (attach additional sheet if necessary). If your child uses an epi-pen or inhaler, you will need to have the form "Request for Self-Administration of Medication" completed by your child's Health Care Provider. Yes No

3. Does your child require a special diet? If YES, please explain. If a special diet is required, you will need to contact the Outdoor School Kitchen at (559) 642-0123 to make arrangements prior to your child's arrival at the facility. Yes No

4. Is there any reason why your child's physical activity should be limited in any way? If YES, please explain fully on a separate sheet and attach to this form a release and recommendations from your Health Care Provider. Yes No

5. Is your child covered by health insurance? If YES, please list provider and policy number. Yes No

Provider: _____ Policy Number: _____

Insurance Provider Phone # _____ Prescription #: _____

6. Is your child required to take medications? If YES, you **MUST** have the form "**Request for Administration of Medication**" completed and signed by your child's Health Care Provider. Yes No

If your child requires an injectable drug, the child must have the ability to administer it to him/herself. Our staff cannot administer injectable drugs except in an emergency (glucagon, epi-pens). Please be certain to complete BOTH SIDES of the "Self-Administration of Medication" form included in this packet. Please contact your child's school to make arrangements.

For your child's safety- If your child takes medicine, s/he will not be able to attend the outdoor school unless your Health Care Provider correctly completes the "Request for Administration of Medication" forms indicated in #1, 2 and 6 above and you provide the medications you have listed. Your school's supervisor of health must review the "Request" forms and sign them off before your child attends. All medication must be delivered to your child's school in a store or pharmacy-labeled container with the child's name, name of medication and instructions for administration on the label.