



Jack L. Boyd Outdoor School

Health Information and Treatment Authorization

(side 2 of 2)



Steven E. Gomes, Ed.D.
Superintendent

FORM MUST BE COMPLETED AND SIGNED IN INK BY PARENT OR GUARDIAN

Name of Student: _____ (continued)

School: _____

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

1. Has your student had a tetanus shot? If "Yes", date of most recent inoculation: _____ Yes No
2. Has your child recently been exposed to any contagious disease or illness? If "Yes" please give dates of exposure and provide more information. Students with fever or other signs of illness need to remain at home. _____
_____ Yes No
3. Is your child subject to carsickness? If "Yes" please consult with your doctor as to whether medications may be helpful. (Remember to fill in the Medication Authorization form and obtain your doctor's signature if sending motion sickness medications) Yes No
4. Does your child wet the bed? If "Yes" please provide "Overnights" underwear at least 1 pair per night. These should be provided in a plain package with the medications to the health care staff so that your child's privacy will be respected. Yes No
6. Would you like your child's Cabin Leader to make certain they sleep on a bottom bunk? Yes No
7. Does your child sleepwalk? If "Yes", How frequently? _____
_____ Yes No
8. Is this your child's first time away from home? Yes No

Please attach any additional information that you feel will help us support your child's success.

Name of Parents/Guardians: _____

Home Phone _____ Cell Phone _____ Work _____

Name of Family Doctor: _____

Doctor's Phone Number: _____

Authorization for Medical Treatment: Your signature is required in order for your child to receive any necessary medical, surgical and/or hospital care while at the outdoor school or in transit.

I authorize for my child _____ (name) to receive any necessary medical, surgical, and/or hospital care while they are attending and/or traveling to or from the Jack L. Boyd Outdoor School, Green Meadows.

DATE: _____

Parent/Guardian Signature (In ink, please)