

Sixth Grade Camp
Health and Permission Form
(Please complete ALL sections)

Student Name: _____ Birthday: _____

Student Address: _____ Zip code: _____

Team: 6E 6W 6C

EMERGENCY INFORMATION

Mother: _____ Father: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone/ Pager: _____ Cell Phone/ Pager: _____

If parent cannot be reached, please contact a CLOSE RELATIVE OR FRIEND.

1) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

DOCTOR'S NAME: _____ DENTIST'S NAME: _____

OFFICE PHONE: _____ OFFICE PHONE: _____

EXCHANGE: _____ EXCHANGE: _____

HEALTH INFORMATION

A) Circle any that apply and explain any that you circle.

Asthma

Allergies

Convulsions

Motion Sickness

Sleepwalking

Hearing loss

Bed Wetting

Wears Contacts

Faints Easily

Diabetes

Nose Bleeds

Constipation

Other _____

Explanation if appropriate _____

B) Recent surgery or illness lasting more than a week: _____

C) Restrictions of physical activity: _____

Emergency Authorization

In the event I or the names listed for emergency use cannot be reached, I hereby authorize the resident nurse or any member of the resident administrative staff to transport my child, (please print child's name)

_____, to the hospital and to hospitalize him/her for emergency treatment if such action is deemed necessary in the judgment of the person in charge.

Furthermore, I hereby authorize the physician or physicians to carry out any diagnostic procedure or emergency care pertinent to the injury or illness that are deemed imperative in the treatment of my child. This form may be photocopied for use outside of camp.

PARENT/GUARDIAN SIGNATURE: _____

PRINT PARENT/GUARDIAN NAME: _____

DATE: _____

Physician and hospital visits are the financial responsibility of the parent/guardian.

Insurance Company: _____ Phone: _____

Policy GROUP # _____ Member # _____

Insured's Name: _____

Employer: Name _____ Phone: _____

SCHOOL DISTRICT OF CLAYTON

MEDICATION PROCEDURES

THIS FORM IS FOR THE PARENTS OF ALL CHILDREN. PLEASE READ TOP AND BOTTOM PORTIONS OF THIS FORM. Even if your child does not take prescription medicines, please consider signing the standing orders portion of this form.

If for some reason it becomes necessary for a student to take medication at camp, the following MUST be observed:

STANDING ORDERS PERMIT

Standing order medications include: Tylenol, Benadryl, ibuprofen, antacids, and decongestants. **Without parent/guardian signature, the nurse is unable to dispense ANY medication to your child.**

I give permission for the nurse or designated camp personnel to administer these medications as necessary to my child, _____.
(print child's name)

Signature of parent/guardian

Date

Please list any exceptions: _____

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PRESCRIPTION MEDICINES

Prescription medicines must be given to the school nurse in a container properly labeled by the pharmacy, including child's name, date prescribed or refilled, name of medication, dosage, directions for administration and the doctor's name.

☐ Not Needed

☐ I request the following medication be taken by _____
(Print child's name)

Name of medication: _____

Directions for taking medication: _____

Reasons for taking medication: _____

Medication is to be taken from _____ to _____
(date) (date)

Possible side effects of this medication: _____

Signature of Parent/Guardian

Date

Sleeping bags can be provided at camp if you do not have one or cannot borrow one. Vegetarian meals can also be provided. Please return this form to make either of these requests.

SLEEPING BAG?

☐ My child _____ needs to borrow a sleeping bag.
(print child's name)

☐ My child DOES NOT need to borrow a sleeping bag.

VEGETARIAN MEALS?

☐ My child _____ requests vegetarian meals.

☐ Vegetarian meals will not be needed for my child.