

Deep Portage Health and Permission Form

Student Name _____ Date of Birth _____ Age _____

Parent or Guardian name _____

Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Name of Health Insurance _____ Policy # _____

Physician _____ Clinic Name & Phone _____

CURRENT HEALTH INFORMATION – Please answer all that apply to the above student

- Asthma, list triggers _____
Treatment currently used? _____
- Diabetes, please use back of form to describe insulin, snacks and when to call you.
- Special dietary regimen or food allergies, please describe _____
- Other allergies, list _____ Does child carry epinephrine? _____
- Bleeding disorder, please describe _____
What is the treatment? _____
- Seizures, list all medications and when used _____
- Muscle-bone-joint condition, list _____
What is the treatment? _____
- Activity restrictions, describe _____
- Heart condition, describe _____
What is the treatment? _____
- Sleep problems, please circle: bedwetting sleep-walking other _____
- Other, what? _____
- Date of last tetanus booster _____

CURRENT MEDICATIONS:

- **Please list all prescription medication(s) your child will be taking at Deep Portage**

Include inhalers, nebulizer, Ritalin, etc. (use back of form if needed)

All prescription medication must be in a current pharmacy labeled bottle.

Medication #1

Name of medication _____ Reason given _____

Amount given _____ Time given _____

Name of physician prescribing medication _____ Phone _____

Medication #2

Name of medication _____ Reason given _____

Amount given _____ Time given _____

Name of physician prescribing medication _____ Phone _____

- **Will take an over-the-counter medication at Deep Portage.**

Include Tylenol, Ibuprofen, Sudafed

Name of medication _____ Reason given _____

Amount given _____ Time given _____

All medications must be sent from home in original over-the-counter container.

No aspirin will be given. Child will receive only the recommended dose.

Please turn the form over and continue...

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Please continue...

PERMISSION AND EMERGENCY AUTHORIZATION for above named student:

- 1) The student has my permission to participate in Deep Portage activities.
- 2) Staff has my permission to give my child the above medications.
- 3) Deep Portage staff has permission to transport the student for educational and/or emergency reasons.
- 4) Permission is granted, in a medical emergency, to the physician selected by the student's teacher or Deep Portage Staff to hospitalize, secure treatment for, and/or order injection, anesthesia, or surgery for student. I understand every effort will be made to reach me at the phone numbers listed above or if I cannot be reached call: Name: _____ Phone #: _____

Directions to the contrary or additional health information must be attached to this form.

- 5) I believe all precautions will be taken for student care and supervision. I will not hold Deep Portage Staff, teachers or chaperones responsible.

Signature of Parent/Guardian _____ Date _____



Space for additional information: