

Nature's Classroom
Atop Lookout Mountain, Inc.
800-995-4769

School Name: _____

MEDICAL INFORMATION and PERMISSION FORM

Please print all information, fill in all blanks, and return to your students teacher.

Name _____ Birthdate _____ Age _____
Last First Initial

Social Security #: _____ Height _____ Weight _____ Sex _____

Parent or Guardian
Home Address _____
Street & Number City State Zip

Phone Numbers Home _____ Work _____
Include both parents/guardians phone numbers if applicable

Emergency Contact
Name: _____ Phone: Home _____ Work _____

Health History

Family Physician _____ Phone _____

Date of most recent tetanus shot _____

ALLERGIES- Medication. Describe reaction and management of the reaction.

ALLERGIES-Food allergies, restrictions (special diet, vegetarian, etc.) Explain reaction or gives specific details.

Other allergies (list) - include insect stings, hay fever, animal dander, etc.

My child has Asthma? _____ My child will be bringing a prescribed inhaler to Nature's Classroom? _____
*****It is very important that all inhalers be sent with child.**

My child is allergic to bee stings? _____ My child is bringing a prescribed epi -pen to Nature's Classroom? _____

Insurance Information

Insurance Company and Policy Number _____

Insurance Company address and phone number _____

Subscribers Name _____

Please attach a copy of the insurance card for use in case of emergency.

<p>The above health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.</p> <p><i>Photo release:</i> I understand that any photos/videos taken of my child may be used for the public relations of the program.</p> <p>Authorization for Treatment: I hereby give permission to the medical personnel selected by the school teacher or Nature's Classroom representative to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school teacher or Nature's Classroom representative to secure and administer treatment, including hospitalization, for the person named above.</p> <p>Parent/Guardian Signature _____ Date: _____</p>

Medical Information

Nature's Classroom Teachers carry basic first aid kits. However, a visiting school teacher/chaperone will be responsible for administering all non-prescription and prescription medications. Visiting schools will provide a First Aid kit with basic medications. Please check any medications that you would allow your child to take at the discretion of the Visiting Teacher.

Please indicate which medications are allowed to be given to your child:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Bactine |
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Antacid tablets |
| <input type="checkbox"/> Syrup of Ipecac | <input type="checkbox"/> Betadine swabs | <input type="checkbox"/> Alcohol prep pads | |
| <input type="checkbox"/> Anti-Itch medicine | <input type="checkbox"/> Antibiotic Ointment | | |

PRESCRIPTION MEDICATIONS

List any medications you plan to send with your child and the reasons s/he takes them.

Each prescription should be in a prescription medicine bottle showing the correct dose and amount. If it is different, a signed note with the correct information must be included. Any other instructions regarding medication should be written on the back of this form or attached. Place the medication in a ziploc baggie with his/her name on the outside.

Parent/Guardian Fill out this section: (Copy page if more space is needed)

Name of Medication	Dosage/Special Instructions

For Program Documentation: (Staff will document each time medication is administered)

Medication	Date/Time									

I hereby authorize a school or Nature's Classroom representative to dispense the above medication for my child, if needed.

Parent/Guardian Signature: _____