

Student's Name: _____ School: _____ Teacher: _____

Mount Hermon Outdoor Science School Prescription Medication Form

All medications and a copy of this form should be placed in a zip-lock storage bag, labeled legibly with the student's first and last name, and given to the classroom teacher on Monday prior to boarding the bus for Outdoor Science School. Teachers are responsible for bringing any and all student medications to the nurse. No medications should arrive at science school in student luggage.

** To be filled out if and only if a student or counselor under the age of 18 is bringing prescription medication to science school.*

- I. Education Code 49423 requires:
 - A. Signed order from your physician, and parent consent. (Use form below.)
 - B. Signed parent's permission for camp medic or director to assist in carrying out the physician's instructions.
 - C. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug. (Ask the pharmacist for two bottles of medication: one for home and the other for Science School.) **Do not send OTC (Over The Counter) medication** to Science School unless prescribed by a doctor (See Health Emergency Form). No unlabeled medication can be administered.
- II. Education Code 49480 gives the school medic with parent consent, permission to communicate with the physician and counsel with the Science School personnel regarding possible effects of medication.
- III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 49423 and 49480.

Parent/ Guardian Signature _____

To Be Completed By Physician: _____ **Date** _____

_____ has medication to be taken at the Outdoor Science School.

MEDICATION: _____ DOSAGE: _____

FREQUENCY: _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS: _____

Physician Signature: _____ **Address:** _____

Phone: _____

To Be Completed By Parent/ Guardian:

_____ has my permission to take the above medication to Outdoor Science School and for the Nurse or Director to assist and/ or allow him/ her to take the above medication as indicated for:

Parent/Guardian Signature _____ **Date** _____



Student Name _____ School _____ Teacher _____

**Mount Hermon Outdoor Science School
Health Emergency Information Form**

Student Name _____ Date of Birth ____/____/____ Male _____ Female _____

Parent/Guardian Name _____ Home Phone () _____

Student Home Address _____ City _____ Zip _____

Father's Work Phone () _____ Father's Cell Phone () _____

Mother's Work Phone () _____ Mother's Cell Phone () _____

EMERGENCY CONTACT

Name _____ Relation _____ Email _____

Day Phone () _____ Eve. Phone () _____ Cell Phone () _____

PARENT/GUARDIAN AGREEMENT

Please initial, fill in blanks where applicable and sign at the bottom.

Initial

_____ I give permission for my child _____ to attend Mount Hermon Outdoor Science School and all activities involving the program.

_____ I am aware that, at the discretion of the Science School Director, I will need to pick up my child due to medical or disciplinary reasons.

_____ I agree to be responsible for picking up my child. M.H.O.S.S. policy is that in the event that a child needs to be sent home for any reason, no amount of the paid fees will be refunded if my child has attended the Outdoor Science School program for 24 hours or more.

Medication Agreement

Note: By law, all Prescriptions and Over The Counter medications must be kept in the original container and will be kept by the Nurse in our 24 Hour 1st Aid facility, NOT in the child's cabin. Please give any and all medications to the teacher in its Rx or OTC container in a Ziploc bag labeled with the child's name and school—DO NOT put any medication in the child's luggage, as the child will miss part of the orientation when they have to retrieve it. A certified teacher will be available at all times during the week to dose any PRN (as needed) medication. Each day the Outdoor Science School Nurse will dose the Breakfast, Lunch, Dinner and Hour of Sleep medications for students with regular medications. Please contact your child's teacher for further information regarding our 24 Hour 1st Aid facility.

Are you sending any Prescription (Rx) or Over The Counter (OTC) meds for your child to Science School? Yes No
(Please circle: Rx OTC or Both) You DO NOT need to send OTC meds. (See below)

Note: If bringing Rx meds, you will need to fill out the Prescription Medication Form. Also, instead of sending any of the four OTC medications listed below—per your approval, know that we have a student supply of these in the 24 Hour 1st Aid facility.

_____ I give permission for the School Teacher or the O.S.S. Nurse to give my child the following OTC medications determined by weight, in case of illness or allergy (we are well stocked with these four OTC meds—**DO NOT send them with your child**):

- _____ 1. The correct dosage of Tylenol or equivalent (acetaminophen) Yes No
- _____ 2. The correct dosage of Advil or equivalent (ibuprofen) Yes No
- _____ 3. The correct dosage of Sudafed or equivalent (pseudoephedrine HCL) Yes No
- _____ 4. The correct dosage of Benadryl or equivalent (diphenhydramine) Yes No

_____ I give permission for the Outdoor Science School to obtain qualified medical or surgical assistance in case of an injury or illness to my child. (Parent/Guardian will be contacted as soon as possible in the event of an emergency.)

Parent/Guardian Signature _____ Date _____



Mount Hermon Outdoor Science School
Health Emergency Information Form

Page 2 of 2 (+ 3: Prescription Medication Form if applicable.)

2. Fill out completely. Please explain questions with an asterisk (*) in space below. If an "In Past" is marked, please put a date next to it.

Medical Conditions

- Bleeding/Clotting Disorder*
Asthma (State Severity)*
o Inhaler
Ear Trouble*
Eye Trouble*
Stomach Aches
Tuberculosis
Bronchitis
Diabetes*
Kidney Disease*
Heart Defects*
Immune-Compromised*
Psychiatric Treatment*
Seizures/Epilepsy*
Sleep walking
Bedwetting
Carsickness
Menstrual Issues*
Other Medical Conditions*

Other Diseases* Yes No In Past

Allergies (State severity below.)

- Hay fever*
Poison Oak*
Any Topical Application*
Medication Allergies*
Bees (State Severity)*
Insects (State Which)*
Nuts (State Which)*
Latex*
Other*
o Carry Epi Pen for any?*

Note: If your child carries an epi pen, please send 2 epinephrine kits with your child. Both will be returned.

Last Tetanus Shot Date
Last Physical Exam Date

*Please explain severity and/or any conditions, diseases or allergies marked "Yes"

3. Do you consider your child to be in good health generally? Yes No

4. Are there any restrictions on your child's physical activity? Can your child go swimming? Yes No Your Initials

(3 and/or 4) Please describe if so

5. Does your child have any severe food allergies? Please list

6. Does your child have any food restrictions (i.e. vegetarian/vegan/religious) or moderate food allergies? Please list

Note: The kitchen will do its best to provide for special food needs. However, if your child has extensive dietary needs, please contact your teacher and research the menu as you may need to make food preparations and send them for your child's week at O.S.S.

Insurance Information

A front and back copy of student's or parent's insurance card must be included with this form.

Name of Insurance Company Phone
Claims Address City State Zip
Group/Policy Number Circle One: HMO PPO or Other:
Name of Insured Name of Child
Name of Physician Medical Facility Phone

If no Insurance or Health Care Plan exists, please read and sign below. I authorize payment of any medical fees to physician or supplier for services described on any attached statements. I hereby authorize any physician who has attended my child or may attend him/her or any hospital where s/he may have been seen as a patient, or any other individual or association who may have given him/her medical treatment or supplies, to disclose any information thus acquired to the Hartford Life and Accident Insurance Company. My consent is hereby granted to use this original or a photo static copy as equally valid authorization.

Parent/Guardian Signature Date



