

TCODS - Tillamook County Outdoor School
High School Student
Health History Form '08

Outdoor School Use Only:

Camp Name _____ Cabin Name _____

Student's Name _____ Birthdate _____ Sex _____ Grade _____

School Name _____ Parent(s)/Guardian(s) Name(s) _____

Parent's Home Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Parent's Mailing Address _____

_____ City _____ State _____ Zip Code _____

Parent's Email Address _____

In an emergency, if unable to notify parent/guardian immediately, contact the following:

Name _____ Relationship _____

Home Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

OR

Name _____ Relationship _____

Home Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

Doctor's Name _____ Phone # _____ - _____ - _____

Name of Health Insurance Company _____ Policy # _____

Address of Health Insurance Company _____ Group # _____

Please X those that apply within the past year:

_____ Allergies (pollen, bees etc.), _____ Allergies (food), _____ Asthma, _____ Chicken Pox, _____ Convulsions
_____ Diabetes, _____ Fainting, _____ Heart Problems, _____ Kidney Problems, _____ Sleep Walking, _____ Stomach
Upsets

List medications and schedules, necessary details of anything checked above, and any other information or directions that the camp nurse should know below (All medications are kept with the camp nurse.): (Please note any diet restrictions on this form!) _____

Attach an additional page if necessary.

In case of surgical emergency, I hereby give permission to the physician selected by the Outdoor School director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named above. PARENTS OR THE EMERGENCY # WILL BE CONTACTED FIRST WHENEVER POSSIBLE! (Note that TCODS has always been able to get in touch with parents or emergency #. Hopefully we will never have to use the above permission.)

PARENT/GUARDIAN SIGNATURE & DATE _____

Any directions to the contrary and any additional directions should be specified on an additional page and SIGNED BY THE PARENT/GUARDIAN! ALSO COMPLETE THE PERMISSION FORM! (rev.'08)