

Mokena Intermediate School District 159 ~ Camp Timber-lee
Outdoor Environmental Education Health Permission and Medication Form

Please Print

Information is confidential and shared with professional staff on a need-to-know basis

Student Name: _____ **Birth Date:** _____

Address: _____ **Phone Number:** _____

Parent/Guardian Name: _____ **Day Phone:** () _____

Evening Phone: () _____ **Cell Phone:** () _____ **Cell Phone:** () _____

Alternate Emergency Contact: _____ **Relationship to Student:** _____

Day Phone () _____ **Evening Phone** () _____ **Cell Phone** () _____

Emergency Information

Physician's Name: _____ **Office Phone:** () _____

Address: _____ **City/State:** _____

If my child becomes ill or injured during an environmental education trip, and needs emergency care, and I cannot be reached, contact my doctor or take my child to the nearest hospital for emergency treatment. My signature indicates the school and hospital have my permission to take the necessary action and administer treatment, and I agree to assume all responsibility and expenses incurred at such time.

Parent/Guardian signature: _____ **Date:** _____

(Required)

Health Information

Allergies (bee stings, peanuts, medications, animals, other): _____

Dietary Restrictions: No _____ Yes _____ please list: _____

Does your child sleepwalk? Yes _____ No _____ Is your child a bed wetter? Yes _____ No _____

Please list any recommendations or suggestions you think might help your child during his/her stay at camp: _____

Are there any known health conditions or disabilities? Yes _____ No _____ if yes, please list: _____

Is your child under the care of a physician at this time? Yes _____ No _____ if yes, please explain: _____

Insurance Information

Health Insurance Company: _____ **Policy Number:** _____

Insurance Company Address: _____

Student Name: _____

Teacher: _____

Dorm: _____

Medication Information

- All prescription medications must be in the original, labeled container(s) showing:
 - the child's name
 - the name of the medication and dosage
 - times medication is to be given
- Over the counter medications are to be in the original container and labeled with your child's name.
- DOCTOR'S ORDER IS NEEDED** for Tylenol, Motrin, Benadryl & Tums, however I will have them on hand so you do not have to send them.
- Parent's/Guardian's signature is required below.
- PHYSICIAN'S SIGNATURE** is required for **ALL PRESCRIPTION and NONPRESCRIPTION** medications.

	W	R	F
Name of Medication _____ Times to be taken _____ Dosage _____ Concentration _____ Frequency _____ Reason for medication: _____ Expected side effects: _____	For Nurse Use Only		
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I grant my permission for Mokena nurse/staff to administer and/or supervise the above listed medication(s) as described.

Physician's signature <i>(Required)</i>	Date	Parent/Guardian signature <i>(Required)</i>	Date
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TEAMBUILDING ACTIVITIES RELEASE

I understand that during my child's participation in teambuilding activities, he/she may be exposed to psychologically and physically stressful and challenging situations.

I understand, too that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. Also, I understand that my child shares responsibility for safety and he/she assumes that responsibility. Further, I waive any claim that may arise against Timber-lee Christian Center or its employees as a result of my child's participation in the program, except those, which are the direct result of the negligence of Timber-lee Christian Center or its employees.

I have accepted responsibility for verifying my child's personal health and my child's medical history indicated on this sheet, and that my child has no physical or psychological conditions that would prohibit his/her participation in this program.

My child agrees to comply with all instructions and directions of Timber-lee Christian Center staff during his/her participation.

Parent/Guardian signature: <i>(Required)</i>	Date:
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