



COLOMA OUTDOOR DISCOVERY SCHOOL

Student Medical Information and Release Form

TOWN #: _____

PLEASE PRINT IN INK:

Student's Name:	Boy / Girl (<i>circle</i>)	Date of Birth:
School Name:	Teacher:	
Home Address:	City:	Zip:
Family Physician:	Physician Phone:	
Insurance Company:	Insurance Co. Policy #:	

EMERGENCY CONTACTS:

Parent/guardian:	Relation:
Phone:	Alternate Phone:

Parent/guardian:	Relation:
Phone:	Alternate Phone:

If a parent/guardian cannot be contacted in case of emergency, please contact:

Name:	Relation:
Phone:	Alternate Phone:

SPECIAL NEEDS:	YES	NO	Frequency and/or severity	SPECIAL NEEDS:	YES	NO	Frequency and/or severity
Allergies				Hearing impaired			
Asthma				Nose bleeds			
Bedwetting				Physical disability			
Behavioral/ Cognitive				Sleepwalking			
Diabetes				Stomach aches			
Epilepsy				Vegetarian/ Vegan			
English Language Learner				Visually impaired			
Fainting				Other:			
Headaches				Other:			

Please explain any items checked above. Attach additional sheet if necessary.

If necessary, should first aid be given? Yes _____ No _____ Date of last Tetanus shot ____/____/____

MEDICATIONS:

Medications, including over-the-counter medications (OTC), can only be administered by designated trained personnel from your child's school, provided that this form is signed by the authorized health care provider AND the parent or guardian. CODS does not stock OTC medications. OTC medications include, but are not limited to: allergy remedies (Benadryl, etc.), antiseptic and/or topical ointments, cold remedies, insect bite remedies, aspirin, non-aspirin substitutes, and poison oak remedies. Medications must be packaged individually in pharmacy-prepared containers (with only the amount to be administered) and given directly to your school personnel. Medication labels must include:

- Student's name
- Authorized health care provider
- Name of medication
- Dose of medication
- Method of administration
- Time of administration

PHYSICIAN'S STATEMENT OF REQUIRED MEDICATION:

_____ should be given the following medication as designated below:

Student's name

Please attach additional sheet(s) as necessary.

Prescription Medication:	Dosage:	Method of administration:	Time of administration:	Special instructions and/or precautions:
OTC Medication: list allergy remedies, antiseptic and/or topical ointments, cold remedies, insect bite remedies, aspirin, poison oak remedies, etc.				

Please allow _____ to keep an inhaler with him/her at all times. He/she is competent to safely self-administer medication.

Please allow _____ to keep an epi-pen with him/her at all times. He/she is competent to safely self-administer medication.

Physician Name: _____	Phone: _____
Physician Signature: _____	Date: _____

PARENT/GUARDIAN RELEASE

(Student's Name) _____ has my permission to attend the Coloma Outdoor Discovery School (CODS) as a school sponsored event. I recognize that in accordance with the California Department of Education's Code of Regulations, designated trained personnel from my child's school will be administering any medications described in the Physician's Statement. The designated trained personnel may communicate with the physician with regard to this medication. For the best interest of my child, a copy of this Medical Information and Release Form will be provided to his/her assigned parent counselor, and relevant information will be communicated to CODS staff on a need to know basis, ensuring strict confidentiality of any sensitive information.

(Student's Name) _____ is in good health, however, in case of a medical or surgical emergency, I hereby authorize the physician selected by the Outdoor Discovery School to secure all proper and required treatment for my child. All expenses for treating my child shall be paid for by the parent or guardian.

If my son/daughter must be removed from the school for illness or disciplinary reasons, it will be my responsibility to arrange transportation home for him/her.

★ Parent/Guardian Signature: _____ Date: _____

Please return to classroom teacher two weeks prior to trip.