

Lighthouse School

STUDENT MEDICAL INFORMATION

Program Name(s) _____ Program Date(s) _____
 (Include names/dates of all programs attending – all information must be complete prior to participation)

General Student Information

Student _____		Date of Birth _____		Home Phone _____	
Parent(s)/Guardian(s') Name(s) _____					
Mailing Address _____					
Father's Bus. Phone _____			Mother's Bus. Phone _____		
Father's Cell Phone _____			Mother's Cell Phone _____		
Health Insurance Company _____				Policy # _____	
Insurance Co. Phone Number _____					
In the event of an emergency, what relative, neighbor, or friend should be called?					
Name _____			Home Phone _____		
Relationship to child _____			Bus. Phone _____		
Name _____			Home Phone _____		
Relationship to child _____			Bus. Phone _____		

Participant Medical History

Activities such as sports or outdoor pursuits can be strenuous depending on a student's physical condition. The following information is important and will help us prevent health or medical problems before they occur.

Age _____ Height _____ Weight _____ Date of last tetanus shot _____

Please explain any Yes answers on lines provided to right. Attach additional sheet(s) if necessary.

1. Any adverse reactions to medication? YES NO 1. _____
2. Is student currently taking any medication? YES NO 2. _____
 (If yes, what type/dosage? What is the medication specifically for?) _____
3. Does student have any allergies? YES NO 3. _____
4. Any food/dietary restrictions? YES NO 4. _____
5. Has student ever been stung by a bee? YES NO 5. _____
 (If yes, describe any allergic reactions.) _____
6. Any respiratory problems or asthma? YES NO 6. _____
 (If student has an inhaler, he/she is **required** to carry it at all times.) _____
7. Any heart defects or heart disease? YES NO 7. _____
8. Any history of seizures, convulsions,
 epilepsy or other medical disorders? YES NO 8. _____
9. Any ankle/knee/hip or other joint problems? YES NO 9. _____
10. Does student have diabetes? YES NO 10. _____
11. If female, has student menstruated? YES NO 11. _____
 (If no, does she know about it?) YES NO _____
12. Has student consulted a **mental** health care YES NO 12. _____
 professional in the past 2 years? _____
13. Does student have any other medical YES NO 13. _____

(Over Please)

conditions that may preclude strenuous activities?

14. Does student wear glasses or contacts? YES NO 14. _____

Significant Medical History/Pre-Existing Conditions: Please list your student's medical history including hernias, ulcers, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (Use extra page if necessary.) In addition, please note if your student has any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities at the Science School, please have your doctor document these conditions and give approval for participation or discuss the condition with the School Director.

Year	Illness/Incident	Implications

Parent/Guardian Permission

We give permission for the Lighthouse School Staff to administer the following over-the-counter medications to our minor daughter/son:

CHECK THOSE MEDICATIONS WE MAY PROVIDE YOUR MINOR DAUGHTER/SON:

____Tylenol ____Aspirin** ____Ibuprofen ____Maalox ____Ex-Lax ____Benadryl

** Aspirin will not be administered to students under 8 years of age

We give permission for our minor daughter/son to join this educational program and we authorize Lighthouse School staff to obtain or administer medical treatment for her/him in the event of an emergency.

Signed _____ Date _____

If a serious emergency arises, it might be necessary for a physician to attend your child before Lighthouse School staff contacts you. The AUTHORIZATION FOR MEDICAL TREATMENT statement below must be signed if your child is to attend the Lighthouse School.

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the Lighthouse School staff to provide medical or surgical care for any emergency that may occur while my child is on the Backcountry field trip.

Signature of Parent or Guardian