

**Environmental Education Program  
CONFIDENTIAL HEALTH FORM**

In order to provide a safe & healthy environment for your child this information will be accessible to the following people: Camp director, School Nurse, your child's teacher, cabin counselors, and volunteers for health room duties at camp.

**(This form must be returned to your child's teacher as soon as possible)**

Students Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
                    Number                    Street                    City

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Father's Business Phone: ( ) \_\_\_\_\_ Mother's Business Phone: ( ) \_\_\_\_\_

Pager/Cell Phone: ( ) \_\_\_\_\_ Pager/Cell Phone: ( ) \_\_\_\_\_

Child's Licensed Health Care Provider: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Alternate persons to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**HEALTH INFORMATION**

1) Should your child have any restrictions on physical activity? Yes  No

2) List any chronic disease your child has (diabetes, seizures, rheumatic fever, asthma, etc.?)

\_\_\_\_\_

3) Does your child have any allergies (to food, medication, bee sting, hay fever, hives etc.)?

\_\_\_\_\_

4) It is required that the following drugs be brought to camp if your child is allergic to bee stings:

- a) Severe allergy – adrenaline injection called Epi-Pen
- b) Mild allergy – some sort of antihistamine such as "Benadryl"

5.) Is there anything we should know to better understand and work with your child? Please list treatments (other than medication) used to alleviate chronic health problems, such as allergies, asthma, migraine headaches, etc.

\_\_\_\_\_

\_\_\_\_\_

**OVER**

6.) **PLEASE CHECK "YES" OR "NO"** – This information will be kept confidential and is needed to protect your child from embarrassment.

**SLEEPWALKER**                      **NIGHTMARES**                      **BED WETTER**  
YES                                             YES                       NO                       YES                       NO

**MEDICATIONS:**

**If your child will be taking medication at camp, the "Authorization for Administration of Oral Medication" form must be completed by the licensed health care provider and the parent/guardian and returned to the school nurse. If your child needs more than one medication, a separate form is necessary for each medication (additional copies are available at the school office).**

7.) Will you be sending medication for your child to camp?      Yes       No

a. List medications you will be sending: \_\_\_\_\_

b. Medications must be administered at the following times: \_\_\_\_\_

c. Mediation is only given if symptoms occur:                      Yes       No

**ADDITIONAL INFORMATION**

1.) Do you have accident and/or medical insurance? \_\_\_\_ If so, by whom? (i.e. King County, Group Health School Insurance, etc.) \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

*If the parents and authorized licensed health care provider named above cannot be reached at the time of emergency, and if immediate observation or treatment is urged in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or licensed health care provider most easily accessible. It is understood that I will assume full responsibility for the payment of any services rendered.*

*In addition, I give my permission for exchange of information between the school district staff and the licensed health care provider if necessary while my child is at camp.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Space below to be used by school personnel)

Date: \_\_\_\_\_

Recorder: \_\_\_\_\_

<b>If taken for medical care - Parents notified?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Accident Forms Filled out?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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## **OUTDOOR EDUCATION HEALTH INFORMATION**

Issaquah's outdoor education program is extremely fulfilling for students and it is our wish that health concerns and accommodations will be addressed well in advance to assure good transitions to camp life. Health forms and medication authorizations should be returned as soon as possible. This will aid the school nurse in compiling medical alert lists for the health aide, teachers, and counselors. It will also assure that all medication authorizations are completed accurately with proper authorizations from parents and doctors. **It is helpful to have medications and orders at school two weeks in advance of camp. Please refer to the following information regarding medication and health concerns:**

### **MEDICATIONS**

All medications, (prescription and over-the-counter), must have the "Authorization to Administer Oral Medications" form completed and signed by both the licensed health care provider and the parent. The parent and licensed health care provider's authorization must have the same instructions. Students who already have forms completed to give medication during school hours will still need new medication forms for camp because medication orders for school are limited to the hours of the school day. New authorization forms are required for camp that would provide authorization for 72 hours, 24 hours a day (with the exception of Epi-Pens & inhalers.)

Medications will be kept in the camp health clinic. The only prescription medications which students may carry and self-administer are inhalers, ointments, eye drops, nose drops, and enzymes. This will be allowed only if the licensed health care provider designates on the form that the student may carry and self-administer as part of the licensed health care provider's orders. Parents who would like their child to carry and self-administer their medication need to contact the school nurse for discussion and authorization.

**If your child has seasonal allergies, please remember at this time of the year, trees and grass are in full bloom. The students will be in a different environmental setting than their own home. If your child uses any medication for their allergies, it is best to send it to camp.**

### **EPIPENS**

If your child needs an Epi-pen at school, as well as camp, only one medication authorization form for both is needed (a copy of the one on file at school will be sufficient for camp). We do, however, prefer that parents send an Epi-Pen from home to camp rather than asking us to send the school Epi-Pen to camp.

### **FOOD ALLERGIES AND CONCERNS**

If you have a food concern regarding your child, please contact the school nurse so that alternatives can be discussed.

### **OTHER CONCERNS**

A list of children who have a history of bedwetting, nightmares, or sleepwalking will be provided to the counselors and teachers in charge. Names and plans are kept strictly confidential. Sometimes it is helpful to send an additional sleeping bag for possible bed-wetting accidents. The school nurse will contact you to determine whether it would be helpful to give your child a late bathroom call sometimes after bedtime.

### **FIRST AID**

The school nurse will provide first aid supplies. The only medication that will be available at camp are those that the parent sends from home that have the appropriate forms completed and that follow the procedures as mentioned in the previous section titled "Medications". Parents are advised to send sunscreen to camp with their child.

If you have additional questions and concerns regarding health issues, contact your school nurse.

Sincerely,

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School Nurse Kim Rocco RN

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Phone # 425-837-7408