

**Palmyra Middle School - Outdoor Education Health
Information and Permission Form**
TEAM PLEASE CIRCLE: Tigers Thundercats

Due Date: 2/5/16

Student name _____ Birth Date _____

Address _____

Student lives with _____

Father's name _____

Home phone number _____ cell phone # _____

Father's place of business _____ work phone # _____

Mother's name _____

Home phone number _____ cell phone # _____

Mother's place of business _____ work phone # _____

If we cannot be reached, please call: _____

Home phone number _____ work phone # _____

Cell phone # _____

Family physician _____ phone number _____

General student health information

1. Approximate date of last tetanus booster _____

2. Does your child wet the bed at night? _____

3. List any factors that may affect the care of your child while at Camp Swatara. Examples:
epilepsy, diabetes, asthma, etc. _____

4. Does your child take any **prescription/nonprescription** medications? _____

_____ If yes, please complete a blue medication form concerning the administration of each medication. **Each medication must have its' own blue form.** Extra forms are available from Mrs. Keller, Mr. Martin, or Mrs. Waiter. Medications must be in the original prescription bottle or over the counter package with your child's name and dosage clearly marked on it.). **Any nonprescription/over the counter medication must also have a doctor's order attached to a blue medication form including - name of student, medication, and dosage marked on it.** Please pack each medication with its own blue form in a zip-lock bag. If your child will have more than one medication please put all individual bags in one big zip-lock bag with your child's name on it. **Students will bring all medication with them on the Monday morning of their camp week to homeroom where it will be collected by the school nurse.**

5. Please note any **allergies** to medications, food (i.e. peanut butter, food dyes, lactose intolerance, vegetarian, etc.), insects (including bees) and plants. If your child is allergic to bee stings, please send the correct medications ordered by your doctor.

6. May your child be given an antacid, if needed? _____

7. May Tylenol be used for soft tissues and other injuries? _____

8. In case of an emergency, may we have your permission to call a doctor and have him/her attend, treat, and give medication by mouth or injection if needed? _____

9. Does your child wear contact lenses? _____

10. Does your child wear orthodontic braces or appliance? _____

11. Additional health related comments:

With the above information, I also give permission for my child to participate in the resident Outdoor Education program at Camp Swatara in May.

Signature of parent or guardian _____

Date _____

If you have any health related questions please call the school nurse (Mrs. Stroup) or Mrs. Waiter at 838-1331. You can also email Mrs. Waiter at michelle_waiter@pasd.us.

Please return this confidential form to your child's morning homeroom teacher by the date requested (2/5/16). Thank you.

Nurse's notes only
