CONEJO VALLEY UNIFIED SCHOOL DISTRICT
OUTDOOR SCHOOL HEALTH FORM

Student's Last Name, First Name (please print clearly) **School**

The following OTC medications will be available to use if needed by your child during their stay at Outdoor School. Please place a check mark next to all OTC medications you agree can be administered to your child by a nurse while at Outdoor School.

1. ☐ Children's Tylenol for headaches
2. ☐ Tums for upset stomach
3. ☐ Cough Drops and mouthwash for coughs or sore throats
4. ☐ Calamine lotion for itching
5. ☐ Neosporin ointment for cuts / abrasions
6. ☐ Benadryl
7. ☐ Motrin

I agree that the above remedies may be used, as needed, by my child.

Signature of Parent/Guardian : _____ Date : _____

Address : _____ Home Phone : _____ Work Phone : _____

Cell Phone : _____

Personal Physician : _____ Phone : _____

This form is in addition to the Field Trip or Excursion Authorization and Medical Treatment Authorization form for minors (SFA-2010 and SFA 2010S) and is not intended to replace the Authorization form.

To help us better meet your child's needs, please complete the following information:

1. Is your child allergic to any medication or foods? _____ If so, please list in detail and to what degree these foods should be avoided:

   _____

   _____

2. Does your child have any special dietary requirements? **Please circle all that apply**:
   Kosher vegetarian gluten-free no pork no beef lactose intolerant other
3. Does your child require an Epi- pen for any of the noted allergies above? _____
4. Does your child walk in their sleep, need to limit liquids, or have any other problems sleeping?
   If so, please specify _____
5. Are there any other factors which might affect the care of your child, such as asthma, allergies, diabetes, seizures, etc.?
   If so, please describe _____

   _____
6. Has your child been exposed to any communicable diseases within the past 21 days? _____
   If so, which one(s) _____
7. Has your child had a tetanus shot? _____ If so, when?_____
8. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity (sprains, broken limb, etc.)? _____ If yes, explain _____

   _____

   _____