

Health Form

To help plan your Wolf Ridge trip we are including a sample Health Form. Feel free to add this text to your existing form.
This form can also be downloaded at www.wolf-ridge.org/teacher_res/forms/i_forms.html

Wolf Ridge Field Trip

Student's Name _____ Birth Date _____

Address _____ Phone _____

Emergency Phone Number

Parent or Guardian _____ Home Phone _____

Parent or Guardian _____ Work Phone _____

Emergency Contact (in case you are not available)

Name _____ Phone _____ Relation _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Parent(s)/Guardian will assume the full cost of any medical or hospital expenses incurred. Medical payment coverage and reimbursement for said child is as follows:

Health insurance or medical relief coverage by _____

Address _____

Policy Number _____

Important Health Information

Do you know of any health factors that make it inadvisable for your child to participate in physical activities at Wolf Ridge?
If unsure of the range of physical activities at Wolf Ridge please consult your child's teachers.

YES _____ NO _____ If yes, please explain _____

Has your child had any serious illnesses, operation, hospitalizations, or serious accidents during the past year? YES _____
NO _____

If yes, please explain _____

Date of last tetanus shot _____

Does your child have any allergies to:

- ☐ Foods _____
- ☐ Medications _____
- ☐ Insects or animals _____
- ☐ Other _____

Providence Academy Health Service

Authorization for Administration of Medication at Wolf Ridge

In order to give prescription medication at camp, parents will need to:

- Complete this medication authorization form including a **written physician's order and parent signature authorizing staff to dispense medication.**
- If student needs to carry medication with them (e.g.; inhalers, Epi-pens), please have the physician identify this in a written order.
- Send medication in the **original container** with a pharmacy label identifying student name, drug, dosage, time medication should be given and physician's name. Over-the-counter medications should also be sent in the **original container.**

Student Name _____ Date _____

Physician's Order for Administration of Medication by School Personnel

I have prescribed the following medication for this student and request the dosages be given during camp:

Diagnosis	Medication	Dosage	Time Given

Special Instructions _____

If medication is to be given as needed, please explain when it should be given: _____

Physician Signature _____ Date _____

Physician Name (print) _____ Phone _____

Address _____

Parent Authorization for Administration of Medication

I hereby give permission for my child to receive medication at Wolf Ridge as prescribed by my child's doctor, nurse practitioner or dentist. I authorize reciprocal release of information related to the medication between the school nurse and the prescribing health professional. **I also give permission for the staff to administer the following over the counter medications, following manufacturer's recommended dosage, to my child:**

☐ Tylenol ☐ Advil ☐ Tums

Parent Signature _____ Date _____

Work Phone _____ Cell Phone _____ Home Phone _____

This completed form or physician's order may be faxed to 763-258-2503.