

MESD OUTDOOR SCHOOL  
11611 NE Ainsworth Circle  
Portland, OR 97220  
Phone: 503-257-1600  
FAX: 503-257-1592

Teacher \_\_\_\_\_  
School \_\_\_\_\_  
Week \_\_\_\_\_  
Site Attending \_\_\_\_\_

**STUDENT HEALTH HISTORY FORM FOR OUTDOOR SCHOOL AND COMPANION PROGRAMS**

(Please Print)

**In order for your child to attend Outdoor School, all information on this form must be completed. If your child's condition changes after you submit this form, please send a note to the Outdoor School nurse.**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
Student's Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

_____ ALLERGIES (*please list below)	_____ Physical Injuries (recent)
_____ Asthma or other breathing problems	_____ Seizure Disorder
_____ Bowel/Bladder Problems	_____ Skin Problems
_____ Bedwetting	_____ Sleep Walking
_____ Diabetes	_____ Vision/Hearing Problems
_____ Emotional/behavioral or learning concerns	_____ Other chronic or recent illness or surgical procedure (specify): _____
_____ Handicapping Conditions	_____
_____ Hay Fever	_____
_____ Heart Problem	_____

\*Please provide more specific information about identified health concern including treatment needed while at Outdoor School:

\_\_\_\_\_  
\_\_\_\_\_

Are there any activity restrictions i.e. strenuous hiking, tug-of-war, etc? \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

(vegetarian option could include eggs and dairy)

Other pertinent health information: \_\_\_\_\_

\_\_\_\_\_

**Legal parents/guardian contacted first whenever possible.**

In case of medical or surgical emergency, I hereby give permission to the Outdoor School Coordinator to arrange transport for my child, as named above, to the hospital for evaluation by a physician.

Legal Parent's or Guardian's Signature:  \_\_\_\_\_

Date \_\_\_\_\_

Child's Insurance Information \_\_\_\_\_

Medication Allergy \_\_\_\_\_

**THIS PAGE  
FOR  
OUTDOOR  
SCHOOL  
NURSE USE  
ONLY**

**RECORD OF MEDICATIONS ADMINISTERED BY  
THE OUTDOOR SCHOOL NURSE**

**STUDENT NAME:** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **DATES ATTENDING** \_\_\_\_\_

Initials	Signature	Initials	Signature

**Use the following key for days medication not given:**      **X** = Not at site      **0** = Student refuses/parent notified  
**Self-administration key:**      **SA** = Self-Administration      **NS** = No Show  
(Please: use **one line only per dose** administered)      (initial each entry)

Count In/# Initial	Count Out/# Initial	Medication Name and Dose	Hour	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.

**ODS STOCK Medication Record (PER MD STANDING ORDERS)**

(Please: use **one line only per dose** administered)

Date	Time	Medication, route, dosage, reason	Initials

IF YOUR CHILD IS BRINGING MEDICATION TO OUTDOOR SCHOOL PLEASE READ AND COMPLETE THE INFORMATION BELOW, IF NOT GO TO THE NEXT PAGE.

**MEDICATION RULES**

1. All medication must be maintained and administered by the nurse. Students are not allowed to carry their own medication. Some exceptions are made for emergency asthma inhalers and auto injectors for severe allergic reactions.
2. Any prescription, non-prescription medication must have the following:
  - ✦ **Parent must sign the authorization below**
  - ✦ Parent must include the following:
    - **Name** of medication
    - **Dose** (strength and how much) of medication
    - **Time and Dates** medication should be given
    - **Purpose** or reason for medication
  - ✦ All medication must be in original container (prescription or over-the-counter). **No medication will be accepted or given if they are sent to Outdoor School in unapproved containers (i.e., envelopes, baggies, pill planners etc.)**
  - ✦ Prescription medication must have an accurate label. **This includes samples given by physician. If the directions on the prescription label are different from what the physician is currently prescribing, written instruction is required from the physician. This also includes directions for over-the-counter medications.** See "Physician Directions" below.
  - ✦ **All inhalers must be appropriately labeled with their prescription.**
  - ✦ **Sign here if you would like your child to carry and self administer his/her emergency asthma inhaler and/or auto injector.**  \_\_\_\_\_ (parent signature)

Name of emergency inhaler and/or auto injector and directions \_\_\_\_\_

Your child must be developmentally and behaviorally able to carry and self administer his/her inhaler and/or auto injector.

3. Vitamins/supplements cannot be given at Outdoor School without a doctor's prescription and must be in original container. The doctor must give written permission that the student can have over-the-counter medicine with the vitamin/supplement.

**PARENT/GUARDIAN AUTHORIZATION TO OUTDOOR SCHOOL NURSE TO ADMINISTER MEDICATION**

I am requesting that my child, \_\_\_\_\_, be given or be assisted in taking:

Name Of Medication	Dosage (amount)	Time(s) To Be Given	Dates To Be Given	Purpose Of Medication

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

(This authorization applies only to the medication listed above and for the duration of treatment or week. This also authorizes an exchange of information, as necessary, between the nurse, appropriate school personnel, my child's health provider, and/or my child's pharmacist.)

**PHYSICIAN DIRECTION**

(required in writing **IF** prescription label does not match parent direction above)

Special instructions including adverse reactions and action required: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (print or stamp)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

TEACHER \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

**AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION BY THE OUTDOOR SCHOOL NURSE**

For the relief of minor health problems that might temporarily affect your child’s comfort while at Outdoor School, the nurse maintains a small supply of common over-the-counter medications at the site. These medications are administered, as needed, under the standing orders of the Outdoor School consulting physician(s). Your personal physician does not need to sign for the medications listed below. **Do not send these medications with your student.** If needed, our stock supply will be used. **THE HEALTH HISTORY FORM IS CHECKED FOR ALLERGIES BEFORE ANY MEDICATION IS GIVEN.** Medications available for the Outdoor School Nurse to use for your child are:

- |   |  |
|---|--|
| Alcohol Wipes   | Cough syrup (Robitussin DM)                          |
| Aloe Vera gel – burns/sunburns                                | *Epinephrine   |
| Antibiotic Cream/Ointment                                     | Glucose for diabetic emergency                       |
| Anti diarrheal  | Insect repellent                                     |
| Antihistamines (Benadryl, Chlor-Trimeton)                     | Lotion/cream for chapped skin                        |
| Calcium Carbonate (Tums)                                      | Milk of Magnesia                                     |
| Cream for athlete’s foot or ringworm (Lotrimin or Tinactin)   | Non-aspirin pain/fever relievers (Tylenol and Advil) |
| Cream for itching (Hydrocortisone, Benadryl, Calamine lotion) | Petroleum Jelly (Vaseline)                           |
| Cough Drops   | Soap for poison oak/ivy (Tecnu)                      |
|   | Sunscreen  |

\*Epinephrine is a prescription medication that is kept on site for use in the event of a life threatening allergic reaction. NOTE: Brand names have been listed but their generic equivalent or the same medication of a different brand may be substituted. **We do not stock chewable or liquid pain relievers.**

IF YOU WANT YOUR CHILD TO RECEIVE OVER-THE-COUNTER MEDICATION, IF NEEDED, AND AT THE DISCRETION OF THE OUTDOOR SCHOOL NURSE, SIGN BELOW. IF THIS LIST CONTAINS MEDICATION YOU DO NOT WANT YOUR CHILD TO RECEIVE, DRAW A LINE THROUGH THAT MEDICATION BEFORE SIGNING.



I authorize the Outdoor School Registered Nurse to administer over-the-counter medication (limited to those on list) under the direction of the consulting physician’s standing orders, as needed, to my child while at Outdoor School.

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

(A signature must be present above if your child needs any of the above medications while at Outdoor School).