



CONEJO VALLEY UNIFIED SCHOOL DISTRICT  
OUTDOOR SCHOOL HEALTH FORM

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

School

The following remedies will be available to use if needed by your child during their stay 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

**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

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) \_\_\_\_\_

(Please complete the reverse side)

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 \_\_\_\_\_

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