



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 | 4. Calamine lotion for itching |
| 2. Tums for upset stomach | 5. Neosporin ointment for cuts / abrasions |
| 3. Cough Drops and mouthwash for coughs or sore throats | 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 Vegan 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) _____
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 _____

