LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of Outdoor Education
HEALTH INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

Student's Name_____ M____F____

Birth Date_____ School of Attendance_____

HEALTH INFORMATION

Name of child's Physician_____Telephone Number (_____)_____

1. Has your child been ill recently? If so, describe_____

2. Has your child been exposed to a communicable disease during the past month? If so, which one?_____

3. Will your child be taking prescribed medication? Yes_____No_____Medication must be given to the teacher or center director labeled with direction for use in the original pharmacy container.

Name of medication:_____Attach completed "Request for Medication."

4. Has your child had penicillin? Yes_____No_____ Is he/she allergic to penicillin? Yes____No____

5. Is your child allergic to any other medicine? If so, list:_____

6. Is your child allergic to any food? If so, list:_____

7. Date of last known Tetanus shot:_____

8. Has your child had any of the following? (If yes, please check.)

_____Diabetes	_____asthma	_____heart trouble/murmur	_____home sickness
_____Epilepsy/	_____frequent colds	_____bowel problems	_____car sickness
Convulsive disorder	_____ ear aches	____poison oak rash	_____bed wetting
_____Migraine	_____sinus trouble	_____allergy to insect/	_____sleep walking
_____Headaches	vomiting_____hay fever_____	stings/bites	other health problems

Parents/guardians will be notified immediately of any illness or accident to their child. Please attach any additional information that will help the staff assist your child.

AUTHORIZATION FOR MEDICAL CARE

To the Center Director:
Should it be necessary for my child to have medical treatment or care while attending the outdoor education center, and I cannot be reached by telephone, I hereby give the center personnel my permission to use their judgment in obtaining medical care. I understand that any cost to the above will be my responsibility.

Signed this _____day of_____, 20___ _____
Signature of Parent/Guardian

_____
Address

TELEPHONE NUMBER WHERE PARENT OR GUARDIAN CAN BE REACHED:
Home( ) _____Business ( )_____Emergency Telephone(____)_____
This Form has been checked by the school nurse_____(initials)