BOERNE OUTDOOR ACADEMY
HEALTH HISTORY FORM

Student's Name________________________Birthdate __________Age ____Sex ___
Mother's Name____________________________Phone ______________________
Father's Name____________________________Phone ______________________
Family Doctor____________________________Phone ______________________

Give names and phone numbers of three friends or relatives to contact if parents cannot be reached:

1.______________________________ Phone ______________________________
2.______________________________ Phone ______________________________
3.______________________________ Phone ______________________________

Please list any health problems, mental or physical conditions that might require special planning or consideration for this child's participation in Outdoor School activities. Please list any and all medical problems that we may encounter.

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	Yes	No
1. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?	☐	☐
2. Do you have any allergies (for example: to pollen, medicine, food, or stinging insects)	☐	☐
3. Have you had a severe viral infection (for example: myocarditis or mononucleosis) Within the last month?	☐	☐
4. Have you ever had a seizure?	☐	☐
5. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
6. Do you have asthma?	☐	☐
7. Do you use any special protective or corrective equipment or devices (for example: Knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
8. Do you wear glasses, contacts, or protective eyewear?	☐	☐
9. Do you have an ongoing or chronic illness?	☐	☐
10. Do you have any dietary restrictions?	☐	☐

Explain "Yes" answers here:

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***BOA personnel will have access to student medical information.**

STUDENTS REQUIRING MEDICATION:

All medication to students shall be dispensed strictly under the following:

A. Have sufficient medicine for the week. Medicine must be in original container with label indicating child's name prescription number, date, dosage and what the medicine is.
B. Complete a "Permission to Give Medication" form for each medication.
C. With non-prescription drugs, please send in original bottle and label. Parent signature and instructions must accompany (complete a "Permission to Give Medication" form).
D. Medication must be administered by the Outdoor School nurse or doctor. Please list:

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My child has permission to take the following over-the-counter medication (i.e., Tylenol, Advil, Allergy medicines, and others) per the discretion of the nurse or doctor.

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IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named on reverse. Parents will be contacted first whenever possible.

Parent/Guardian Signature________________________________ Date_______________

**Any directions to the contrary should be specified below and signed by the parent or guardian.

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