

**IMPORTANT INFORMATION FROM THE SCHOOL NURSE REGARDING
6TH GRADE OUTDOOR EDUCATION**

Dear Parents/Guardian:

Please complete your student's information forms promptly. It is essential that you provide your home and work phone numbers, your physician's/clinic's name and phone number, and the phone number of an emergency contact in case you cannot be reached in the event of an emergency. If you have insurance, you must also provide your student's health insurance program and the policy number. **Please complete all sections of this form and do not leave anything blank.**

It is important that the nurse be notified of potential problems which might occur during the residential camp period, such as bedwetting, sleep walking, particular fears, allergic reactions, etc. The nurse will discuss these with you to determine what preparations should be made. All matters are kept confidential and every effort will be made to protect your student's privacy.

Tetanus Booster: Please check with your student's physician if necessary. Dates of last tetanus immunization must be included on the Health form. If your student did not have a physical examination during the last year that included an evaluation of his/her immunizations, please check with your student's physician/clinic.

MEDICATIONS FOR SIXTH GRADE CAMP

All medication, prescription and over-the-counter, needed during the week will be kept and administered by the camp nurse. Medicines cannot be kept in the cabins.

All medication and paperwork must be turned in to the school nurse **no later than 2 weeks** prior to camp unless prior arrangements are made with your school nurse. **Forms must be turned in by _____**

Prescription Medication

The students' medications must be in the current prescription-labeled container. The label must contain the following information:

- Name of student
- Name of drug
- Dosage
- Frequency of administration
- Route of administration
- Prescribing physician's name

A parent/guardian and physician must also provide a written request that the student receive the prescribed medication while attending the sixth grade resident camp. This Medication Authorization form is available on the Parkway website at <https://www.parkwayschools.net/Page/3149> and from the school nurse. Prescription inhaler medications that are "rescue" medications for students with asthma may be carried with the student to the various camps sites. Students with prescribed emergency epinephrine will have them with them as they go to various sites at camp. If you have already completed medication authorization forms for Epi Pen or Emergency Inhaler use at school, you can ask the nurse to copy those forms for camp.

Over-the counter Medications

The medication **MUST** be in its original container. A parent/guardian must also provide a written request that the student receive over-the-counter medication while attending the sixth grade resident camp. The request shall contain all of the information as requested above for the prescription medication. This Medication Authorization for short term over the counter medication form is available on the Parkway website at <https://www.parkwayschools.net/Page/3149> and from the school nurse.

Per school School Board policy, homeopathic and naturopathic medications, vitamins and supplements will not be administered at camp.

If there is a need to contact the nurse at camp quickly, call the YMCA of the Ozarks at (314) 241-9622 and ask for TLC. Every effort is taken for your child to experience a well-planned, healthy, and safe week at the resident site.

School Nurse _____ Phone Number: _____ Fax Number: _____

SIXTH GRADE CAMPER PERMISSION AND EMERGENCY INFORMATION

Please complete all sections of this form and do not leave anything blank

Student's Name _____

Last

First

Date of Birth _____ Weight _____ Age _____ Teacher _____

Student resides with: Both parents _____ Mother _____ Father _____ Other _____

Parents or legal guardian names _____

Complete Address _____

Home Phone _____

First Parent's Work Phone _____ Cell/Pager Number _____

Second Parent's Work Phone _____ Cell/Pager Number _____

Emergency Contact (in case parent/guardian cannot be reached)

Name _____ Relationship _____

Home Phone _____ Cell/Pager Number _____

Student's Physician _____

Office Phone _____ Exchange _____

Student's Dentist _____

Office Phone _____ Exchange _____

***Health Insurance** _____ Phone Number _____

***Policy Holder Name** _____

***Policy #** _____ ***Group #** _____

If your student does not have health insurance, please check here _____

The following medications are available at camp by standing orders and may be administered by the camp nurse in order to relieve minor pains and discomforts. **Please check which medications you will allow to be administered to your student if needed while at camp.** No additional paperwork is needed to administer these medications.

Saline eye solution _____

Cough drops _____

Hydrocortisone Cream _____

Honey _____

Acetaminophen/Tylenol _____

Mylanta II _____

Caladryl _____

Benadryl _____

Chloraseptic throat spray _____

I hereby authorize a member of the resident administrative staff to transport my son/daughter _____ to the hospital for emergency treatment if such action is deemed necessary in the judgment of the person in charge. Furthermore, I hereby authorize the physician or physicians to carry out any diagnostic procedure or emergency care pertinent to the immediate injury or illness that is deemed imperative in the treatment of my student.

Signature of Parent or Guardian

Date

**PARKWAY 6th GRADE OUTDOOR EDUCATION
CONFIDENTIAL STUDENT HEALTH INFORMATION**

Student's Name _____

Please check if the following information is applicable.

1. Does your student have asthma/allergies? Yes____ No____
If yes, please describe: _____
2. Is your student unusually susceptible to poison ivy? Yes____ No____
3. Exact date of last tetanus vaccine (DPT, Dtap, Td, Tdap). _____
(This information is available through the parent portal in Infinite Campus.) month/day/year
4. Is the physical activity of your student restricted by physician's order? Yes____ No____
(If yes, the physician's order is required.)
5. Does your student have dietary restrictions? Yes____ No____

If yes, please describe: _____

6. Other information that will help us to meet the needs of your student: past surgeries, seizure disorder, diabetes, ear or eye problems, heart conditions, orthopedic conditions, and specialized health care needs: _____
- _____

7. Has your student attended a resident camp before? Yes____ No____
Has your student spent the night away from home? Yes____ No____
Does your student experience car sickness? Yes____ No____
Does your student sleep walk? Yes____ No____
Does your student wet the bed? Yes____ No____

8. Will you be sending prescription or over the counter medications? Yes____ No____
If yes, please read the attached information regarding medication to be administered at camp.
Medication authorization forms are required and available from the Parkway website at <https://www.parkwayschools.net/Page/3149> and the school nurse.

What prescription medication will you be sending? (Must be in current pharmacy container)

What over-the-counter medicine will you be sending? Per school district protocol, homeopathic and naturopathic medications, vitamins and supplements will **not** be administered at camp.

**PLEASE SEE SCHOOL NURSE FOR QUESTIONS ON MEDICATION ADMINISTRATION
WHILE AT CAMP**

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