Klamath Outdoor Science School Health/Medical and Permission Form

All students and adults participating in KOSS programs must fill out this form completely.
Return this form to your teacher or group leader. Please PRINT CLEARLY.

Participant Name: _____ Age: _____ Birth date: ___/___/___

Parent/Guardian: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Home e-mail: _____ Work e-mail: _____

Emergency Contact: _____ Home Phone: _____

Relationship: _____ Work Phone: _____ Cell Phone: _____

Please check if participant is subject to the following and include an explanation:

☐ ADD/ADHD	☐ Asthma	☐ Blindness	☐ Heart trouble
☐ Autism	☐ Severe bee sting allergy	☐ Deafness	☐ High blood pressure
☐ Dyslexia	☐ Other allergies	☐ Seizures	☐ Diabetes
☐ Depression	☐ Sleep walking	☐ Bed wetting	☐ Other (specify below)

Explanation: _____

_____

List all current medications, time(s) taken, and for what condition(s): _____

_____

List any allergies to medications, the reaction, and the severity: _____

_____

List any past medical conditions, injuries, or illnesses that might affect the program, including any restrictions of activity for medical reasons: _____

_____

Describe any behavior problems that might be disruptive to group learning: _____

_____

List any dietary restrictions or food allergies (including reaction and severity): _____

_____

Date of last tetanus inoculation (**Must be within the last 10 years**.) _____

Do you authorize the group leader or camp manager to dispense over the counter drugs, such as Tylenol, Advil, or Benadryl if needed? ☐ **YES** ☐ **NO**

Provider Information

Doctor's name: _____ Phone: _____

Insurance company: _____ Policy Number: _____

Insurance Address: _____

My child has my permission to participate in all sessions and field trip activities. I am this child's parent or legal guardian. In consideration of my child's participation in the program, I hereby release, waive, and discharge KOSS, and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or to any person or property arising out of participation in the program, whether on KOSS premises or elsewhere. I hereby grant permission for KOSS to use photographs including my child for any of its publications, including website entries, without payment or any other consideration.

Adult participant or parent/guardian signature: _____ Date: _____