



Teton Science Schools

STUDENT MEDICAL INFORMATION

Include names/dates of all programs attending.

**All information on this form must be complete, including signatures, prior to participation.
Participants over the age of 12 yrs. AND one or preferably both parents must sign this form**

Program name or name of visiting group _____ **Date(s) of Program** _____

General Student Information

This information will be shared only with Teton Science Schools (TSS) personnel, consulting and treating medical personnel and other individuals working with TSS. Otherwise the information will remain confidential.

Student _____ Date of Birth _____ Age _____ Height _____ Weight _____ Gender? M F

Home Phone _____ Family E-mail _____

Parent(s)/Guardian(s) Name(s) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Father's Bus. Phone _____ Mother's Bus. Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

INSURANCE: Each participant is responsible for her/his own medical expenses. Medical insurance is recommended but not required.

Medical Insurance Company Name _____

Phone _____ Policy Number _____

If parents are divorced who has legal custody of child? _____

Are there any restrictions on information given to non-custodial parent? Yes _____ No _____

If yes, this information must be documented and attached to the Student Medical Information Form.

In the event of an emergency, if parent/legal guardian cannot be reached, who should be called?

Name _____ Home Phone _____

Relationship to child _____ Work/Cell Phone _____

Name _____ Home Phone _____

Relationship to child _____ Work/Cell Phone _____

Significant Medical History/Pre-Existing Conditions: Please list your student's medical history including hernias, ulcers, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (use extra page if necessary). In addition, please note if your student has any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities at the Teton Science Schools, please have your doctor document these conditions and give approval or agree to discuss the condition with a Teton Science Schools representative.

Date(s)	Condition	Implications/Accommodations

Participant Medical History

Activities such as sports or outdoor pursuits can be strenuous depending on a student's physical condition. The following information is important and will help us prevent health or medical problems before they occur.

Please explain any Yes answers on lines provided to right. Attach additional sheet(s) if necessary.

1. Any adverse reactions to medication?	YES	NO	1. _____
2. Is student currently taking any medication?	YES	NO	2. _____
If yes, what type/dosage?	YES	NO	_____
What is the medication specifically for?	YES	NO	_____
3. Any allergies to foods, medications, environment?	YES	NO	3. _____
Please describe the allergic reaction <u>in detail</u> .			_____
4. Any food/dietary restrictions?	YES	NO	4. _____
5. Has student ever been stung by a bee?	YES	NO	5. _____
If yes, describe any allergic reactions.			_____
6. Tetanus shot series up to date?	YES	NO	6. _____
7. Any respiratory problems or asthma?	YES	NO	7. _____
(Students who use inhalers are <u>required</u> to carry them at all times.)			
8. Any heart defects or heart disease?	YES	NO	8. _____
9. Any history of seizures, convulsions, epilepsy or other medical disorders?	YES	NO	9. _____
10. Any ankle/knee/hip or other joint problems?	YES	NO	10. _____
11. Does student have diabetes? Describe Type.	YES	NO	11. _____
12. If female, has student menstruated?	YES	NO	12. _____
If no, does she know about it?	YES	NO	_____
13. Has student consulted a mental health care professional in the past 2 years? Please explain.	YES	NO	13. _____
14. Does student have any other medical conditions that may preclude strenuous activities?	YES	NO	14. _____
15. Does student wear glasses or contacts?	YES	NO	15. _____

Parents/Legal Guardians ("parents") of Minor Participants - Medical Authorization and Permission

Teton Science Schools staff is concerned about inappropriate use of both prescription and non-prescription medication by minors. Persons under 21 are not permitted to use medication without written permission from a parent, legal guardian, physician or an authorized Teton Science Schools staff person. Persons under 21 are not permitted to share medications under any circumstances.

We give permission for Teton Science Schools Staff to administer the following over-the-counter medications to our minor daughter/son:

PLEASE CHECK THOSE MEDICATIONS WE MAY PROVIDE YOUR MINOR DAUGHTER/SON:

___ Tylenol* ___ Aspirin** ___ Ibuprofen* ___ Maalox** ___ Ex-Lax* ___ Benadryl* ___ Loratadine (Claritin) ___ Delsym (cough)

* Smaller children under 12 years of age will be given children's dosages of Tylenol, Ibuprofen, Benadryl and Ex-Lax

** Aspirin and Maalox will not be administered to students under 12 years of age.

I authorize TSS staff, contractors or other medical personnel to obtain or provide medical care for my child, to transport my child to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my child's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by TSS) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents: except to the extent limited by this form, my child has permission to participate in all TSS activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Participant Signature (parents may print the name for those participants under 12 yrs. old) Date Print name here

Parent 1 _____ /Parent 2 _____

Parent or Legal Guardian Signature Date Print name here **/Parent or Legal Guardian Signature** Date Print name here