

Cabin Leader Health Form

This form must be completed and signed by a parent or guardian of any Cabin Leader under 18 years of age, or the Cabin Leader who is 18+ years. Return this form as soon as possible to the Elementary School you are attending with. Feel free to use additional paper if necessary to describe any remarkable medical or health condition. Thank you.

Marin County Outdoor School



Walker Creek Ranch

1700 Marshall-Petaluma Road ~ Petaluma, CA 94952
(415) 491-6602 • Fax: (415) 663-8854

Cabin Leader Information

Cabin Leader Name:	Date of Birth:	Age:	Elementary School attending with:
Cabin Leader's Address, City, State, Zip:		Phone number:	
		Dates Attending:	

Parent / Guardian Information (for Cabin Leaders under 18 years of age)

Mother's (or legal guardian's) Name:	Father's (or legal guardian's) Name:
Address, City, State, Zip:	Address, City, State, Zip:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:

Emergency Contact Information (all Cabin Leaders complete)

Person to call if parents / guardians are not available:	Day Phone:	Evening Phone:
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Health Information necessary for Cabin Leader's protection and care:

Do you consider yourself (or your son/daughter) to be in good health generally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments (use additional paper if necessary):		
Please check if you have (or your son/daughter has) suffered from any of the following:		
<input type="checkbox"/> Allergy	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye Trouble	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hear Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hernia (Rupture)	<input type="checkbox"/> Any serious illness or accident (explain)
<input type="checkbox"/> Glasses / Contacts		
<input type="checkbox"/> Hearing Aide		
<input type="checkbox"/> Other (explain below):		
Please explain any checked items (use additional paper if necessary):		
Have you (or your son / daughter) been exposed to anyone with a communicable disease within the last 21 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what disease? And explain any limitations (use additional paper if necessary):		
Have you (or your son / daughter had) a tetanus shot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Date of last shot:

Insurance and Physician Information

Physician's Name and Address	Health Insurance Provider:
Physician's Phone Number:	Health Insurance Member Number:

Additional Information, Medications, and permission for use of over the counter medications*

May Your son/daughter (for Cabin Leaders < 18 years) take any of the following over the counter medications?*					
Aspirin-Free Pain Reliever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Benadryl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tums / Antacids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Throat Lozenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pepto Bismo	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Throat Spray?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neosporin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cough Drops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any other factors which may affect your care (or that of your son/daughter)? If yes, please describe (use additional paper if necessary).				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you (or your son/daughter) bringing any type of prescription or over the counter medicine to the Outdoor School? If so, please describe in detail in the next section (use additional paper if necessary).				<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Please note: District Policies of attending School Districts will be followed with regard to administering all medications.

Directions to Parents / Guardians of Cabin Leaders under 18 years of age concerning Medications:

All medications must be clearly labeled with Cabin Leader's name, the name of the medication, and instructions for administration. Prescription medication must be provided in the original container or they will not be administered. Do not mix medications into one container. The classroom teachers will supervise dispensing of medication.

Nature of condition requiring medication (use additional paper if necessary):		
Medication 1:	Dosage:	Frequency of dosage and Approximate Times of Day:
Medication 2:	Dosage:	Frequency of dosage and Approximate Times of Day:
Medication 3:	Dosage:	Frequency of dosage and Approximate Times of Day:

Signature for Medication and Medical Treatment

Medication – Parent / Guardian approves use of administering medication as stated above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorization for Medical Treatment – If a serious emergency arose, it may be necessary for a physician to attend to your child before Outdoor School staff can contact you. Such care can be provided ONLY if you sign the Authorization for Medical Treatment which follows: I hereby authorize that medical and/or surgical care may be provided for myself (18+) or my child (<18) while in attendance at the Marin County Outdoor School. I authorize such care to be provided through the facilities of the nearest hospital.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Parent/Guardian (or Cabin Leader 18+ years of age)	Date:	
<i>x</i>		

Signature of Parent / Guardian for Transportation (for Cabin Leaders < 18 years only)

Transportation – I agree to provide transportation home should my son/daughter be removed from the Outdoor School Program because of illness or misconduct	
Signature of Parent/Guardian	Date:
<i>x</i>	