

Parents and/or Guardians: Please use this form if your son or daughter has a change in their health condition between the time that you submit the Student Health Form, and the time that your son / daughter is scheduled to arrive at the Outdoor School. You may also use this Form to provide additional information about specific concerns you have and/or to provide specific instructions in regards to caring for your son or daughter. This completed form will be reviewed by the Naturalist working with your child and will be attached to the Student Health Form in the infirmary. Teachers will review this form before providing care to your child. Please use additional paper if necessary, and attach Doctor's Instructions if appropriate.

Student Health Update

This form must be completed and signed by a parent or guardian as an update to the Student Health Form, for any new medical condition, health concern, or behavioral concern that was not included in the Student Health Form.

Marin County Outdoor School



Walker Creek Ranch

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

Student Information

Student's Name:	Date of Birth:	Age:	Elementary School:
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Updated Information (please use additional paper if necessary)

Directions to Parents / Guardians concerning Medications:

All medications must be clearly labeled with student'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:

Signature of Parent / Guardian 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 my child while he/she is 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: <i>X</i>	Date:	