

NAPERVILLE COMMUNITY SCHOOL DISTRICT 203  
OUTDOOR EDUCATION HEALTH INFORMATION FORM

CAMP MANITOQUA

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_

Dates attending: from \_\_\_\_\_ to \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

(City) (State) (Zip)

In case of emergency, please call \_\_\_\_\_  
(Name of parent/guardian)

Father's work phone (\_\_\_\_) \_\_\_\_\_ Mother's work phone (\_\_\_\_) \_\_\_\_\_  
Father's cell phone (\_\_\_\_) \_\_\_\_\_ Mother's cell phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Second alternate name/phone number if you cannot be reached)

Our family physician is \_\_\_\_\_  
(Name) (Phone)

Address \_\_\_\_\_  
(Street) (City) (Zip)

The answers to the following questions will be confidential. The purpose of these questions is to provide our nurse with health and safety information about your child.

1. IMPORTANT - Please fill in date of last TETANUS BOOSTER \_\_\_\_\_

2. Check pertinent medical information:

_____ Special diet	_____ Seizures
_____ Asthma	_____ Drug Allergies
_____ Physical restrictions	_____ Other Medical Concerns
_____ Food Allergies	

If checked, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned parent or guardian of the above-named participant, consent to the attendance of said participant and do hereby release and discharge Naperville District 203/Camp Manitoqua from any and all liabilities for any injuries sustained by said participant while in attendance at said facility.

As parent/guardian, I do hereby authorize Naperville District 203 and Camp Manitoqua to secure and administer treatment for my child in the event of a medical emergency, which should not be delayed after a reasonable effort has been made to contact me. I hereby give permission for necessary medical, surgical, and dental care during the Outdoor Education experience.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_