THE NATURE SCHOOL at Kortright

**The Nature School**

**Student Medical History - Please complete only if your child has a medical problem or allergy.**

| First Name | Last Name | Date of Birth (DD/MM/YYYY) |
|---|---|---|
| | | |

Primary Contact

| Name | Address |
|---|---|
| | |

| Phone (H) | (C) | (B) |
|---|---|---|
| | | |

Emergency Contact

| Name | Address |
|---|---|
| | |

| Phone (H) | (C) | (B) |
|---|---|---|
| | | |

| Physician's Name | Phone |
|---|---|
| | |

| Dentist's Name | Phone |
|---|---|
| | |

**Allergies**

- Food (ALGF)
- Drug (ALGD)
- Insect bite (ALGI)
- Carries Epipen (EPIP)
- Carries Asthma Inhaler

Please list specific allergies food/drugs/insects

Please list type of reaction that occurs (ie. Rash, swelling, difficulty breathing etc.)

**Other Heath Concerns**

Is the participant under any form of treatment/medication for any illness, condition or injury?

- No
- Yes, please explain:
- Diabetic (DIBT)
- Epilepsy/Convulsions (EPLC)
- Emotional/Behavioural (EMOB)
- Asthma (ASTH)
- Injury (INJR)
- Other (MEDO), please explain:

**Prescription Medication Record**

| | |
|---|---|
| Name of Medication: | Date Medication Prescribed:<br>Expiration Date: |
| Instructions for Administering: | Date/Time of First Dose:<br>Completion Date: |
| Times and Dosage Given By Parent/Guardian: | Times and Dosage to be Given at Program: |
| Common Side Effects and Recommended Action: | Precautions/Other Comments: |

| |
|---|
| Instructions for Storage of Medication: |
| I request that medication be administered for my child as stated above and hereby release Toronto and Region Conservation Authority (TRCA) and anyone else acting on this request from all claims for any loss or injury that may result.<br><br>Parent's/Guardian's Name ( Please Print)_____<br><br>Parent's/Guardian's Signature:_____ Date:_____ |

**Dispensing Record (For Office Use Only)**

| Date Given | Time Given | Amount Given | Administered by: (Signature) |
|---|---|---|---|
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