

# MEDICAL HISTORY AND PARENTAL PERMISSION FORM

STUDENT'S NAME: \_\_\_\_\_ School: \_\_\_\_\_

Known Allergic reactions: (bee stings, plants, penicillin, etc.) \_\_\_\_\_

History of chronic illness: \_\_\_\_\_

Medications to be taken at MOSS: (all medications must be labeled and administered by an adult unless otherwise arranged in advance) \_\_\_\_\_

Does the Mendocino Woodlands staff have permission to administer aspirin or Tylenol to your child if necessary?

Aspirin:  yes  no Tylenol  yes  no

Has your child recently been exposed to any contagious disease?  yes  no If so, what?

Date of your child's most recent tetanus vaccination: \_\_\_\_\_

Child's history of: sleepwalking  yes  no bedwetting  yes  no car sickness  yes  no

Has your child ever been away from home for longer than two days?  yes  no

\_\_\_\_\_  
Name of Insurance Company Policy Number Expiration Date

I, \_\_\_\_\_ am the legal guardian of \_\_\_\_\_ and I hereby give permission for my child to attend the Woodlands' Mendocino Outdoor Science School (MOSS). Additionally, I authorize the MWCA staff to take my child to the hospital for emergency medical care if necessary. I understand that I will be notified immediately if such care is needed.

\_\_\_\_\_  
Signature Date

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Phone (work/home) Numbers: \_\_\_\_\_

Alternate Phone Number and Person to Contact: \_\_\_\_\_

\_\_\_\_\_  
Name Phone Number



Mendocino Outdoor Science School



Mendocino Woodlands Camp Association  
707-937-5755