

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 ROSS: (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 Mendocino Woodlands Residential Outdoor Science School (ROSS). 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 Woodlands
Camp Association
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