

Independence School Local 1: **HEALTH FORM- Medical, Allergy, & Medication Info**

Student Name _____ Date of Physical _____

Please have your Physician fill out and sign the following forms. Thank you.

MEDICAL INFORMATION

Height	Weight	Age	Blood Pressure	Heart Rate

➤ **Immunization**

Immunization	Dates Administered	Immunization	Dates Administered
Tetanus		Other:	
Hepatitis B (x3)		Other:	
Tuberculosis		Other:	

➤ **Health Concerns (please list further concerns on the back)**

#	Please ✓ one-if yes, describe below	Y	N	#	Please ✓ one-if yes, describe below	Y	N
1	Seizure within the past 1 year			6	Use of Tobacco/Smoker		
2	Hospitalization/Emergency Room/Urgent Care visit within the past 1 year			7	Current Neck/Back/Shoulder/Knee/Ankle/other joint problem		
3	Asthma (if yes, please describe below & on medication form if applicable)			8	Currently Pregnant		
4	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, dizziness or faint spells			9	Bedwetting		
5	Other cardiac conditions, e.g., heart murmur or other rhythm abnormality			10	Diagnosed Learning Disability and/or ADD/ADHD		
#	Describe			11	Other medical issues/illnesses/symptoms/requirements/prosthetic device(s)		
#	Describe						

➤ **Wilderness Expedition Activities (please list further restrictions on back)**

activity	Time frame	participate (circle)	Circled Restrictions
Hiking	Up to 7 miles/day	Yes/ Restricted	
Hiking with 30-40 lb. backpack	30-45 mins with a 5 min break	Yes/ Restricted	

MEDICATION & ALLERGIES

➤ Allergies (Including allergies to medicines, foods, insect bites/stings, plants/ivy) NONE

Allergy	Reaction	Medication Required/past medical treatment

➤ Current Medications (Including psychiatric medication, over-the-counter medication, inhalers) NONE or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects	Administered (frequency/time of day/with food/etc.)

▶▶▶ Physician and Parent/Guardian: please sign the following ◀◀◀

***Wilderness First Responder will hold/administer all medication(s) during wilderness expeditions: It is important that the "Administration Instructions" above are accurate. Please use the back of this form to continue instructions if need be.

***Independence School requires approval in writing from a licensed physician and parent/guardian for the administration of prescription medication brought from home on a Wilderness Expedition. I give permission for the administration of these medications to the above named student, as specified above.

Physician's Name _____ License/Registration Number _____

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I have completed this two page Health form. The above student is in satisfactory condition and may engage in all activities, except as noted.

Physician's Name: _____ State Licensed: _____ License #: _____

Address: _____ Tel.#: _____

Physician's Signature _____ Date Signed _____