



HOME AND HEALTH INFORMATION QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date of Session: \_\_\_\_\_

*The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.*

1. Is this your child's first prolonged stay away from home? \_\_\_\_\_

2. Is this your child's first sleep away experience? \_\_\_\_\_

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child have a bed wetting problem? \_\_\_\_\_

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). \_\_\_\_\_

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have any sensory, physical or cognitive disabilities?  Yes  No If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOR ALL STUDENTS

### NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information, and please complete all the blanks.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_  
(Street and No.) (Town) (State) (Zip)

Parent's Name(s) \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Alternate Telephone (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

I give permission for (Name) \_\_\_\_\_ to attend Nature's Classroom  
for the period of \_\_\_\_\_ as part of the outdoor education program of

(School Name) \_\_\_\_\_ . I understand that the director of  
Nature's Classroom may, if necessary for my child's health, have him/her hospitalized or use outside medical, surgical, or  
dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in  
their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action  
is taken for discipline reasons.

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

Relationship \_\_\_\_\_

.....  
**MEDICAL PERMISSION SLIP**

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give  
permission for the administration of basic first aid at the discretion of the Nature's Classroom staff?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

Relationship \_\_\_\_\_

.....  
If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN \_\_\_\_\_ TYLENOL \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

FOR ALL MEOS OTHER  
THAN TYLENOL OR  
MOTRIN.

### MEDICATION ADMINISTRATION FORM

**Each medication (including vitamins and fluoride) must be listed with complete instructions or the medication(s) cannot be administered.**

CHILD'S NAME: \_\_\_\_\_

*I hereby give permission for the staff of Nature's Classroom to administer to my child the following medication(s):*

1. \_\_\_\_\_  
(medication)

\_\_\_\_\_  
(dosage/how much)

\_\_\_\_\_  
(frequency/how often)

( diagnosis/symptoms, what is this being administered for?)

2. \_\_\_\_\_  
(medication)

\_\_\_\_\_  
(dosage/how much)

\_\_\_\_\_  
(frequency/how often)

\_\_\_\_\_  
(diagnosis/symptoms, what is this being administered for?)

*Your child will not be allowed to keep any medication in his/her cabin or dormitory. Prescribed medications must be accompanied by a pharmacy label containing the Rx number, the name of the medication, the dosage, and directions for administration, and the child's name. Whenever it is possible, a copy of the doctor's prescription or letter should be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for its use.*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Relationship: \_\_\_\_\_

4 } FOR ALL MEDS. OTHER THAN  
TYLENOL +/OR MOTRIN

### AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

CT State Law requires a written order of a physician licensed to practice medicine in this state and the written authorization of a parent or guardian of such child for a school nurse, or in the absence of such nurse, the principal or teacher to administer medicinal preparations to any student. Medication must be in pharmacy prepared containers and labeled with the name of child, name of drug, strength, dosage, frequency, physician's name and date of original prescription. A maximum 45 day supply should be brought to the school by the parent/guardian.

#### PHYSICIAN'S ORDER

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which drug is being administered during school hours \_\_\_\_\_  
\_\_\_\_\_

Drug: Name, dose and method of administration \_\_\_\_\_  
\_\_\_\_\_

Time of administration \_\_\_\_\_

- \_\_\_\_\_ self administered in health room with supervision (i.e. Tylenol, cough syrup)
- \_\_\_\_\_ self administered (i.e. inhaler)
- \_\_\_\_\_ To be administered by school personnel (i.e. controlled medication)

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_

Relevant side effects to be observed \_\_\_\_\_  
\_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ Any allergies to food or medicine? \_\_\_\_\_

Physicians Name \_\_\_\_\_ Signature \_\_\_\_\_  
(type or print)

#### Authorization of a Parent or Guardian concerning the Administration of Medication

Name of School \_\_\_\_\_ Date \_\_\_\_\_

I hereby request the above medication to be given to \_\_\_\_\_ Grade \_\_\_\_\_  
(Name of Child)

I understand that the above medication will be destroyed one week after termination of this order if it is not picked up by the parent/guardian. **STUDENTS MAY NOT CARRY MEDICATION TO SCHOOL, IT MUST BE TRANSPORTED BY THE PARENT/GUARDIAN.**

Parent/Guardian Signature: \_\_\_\_\_ Tel: \_\_\_\_\_

**SUGGESTED**  
**PACKING LIST**  
**FOR NATURE'S CLASSROOM**

REQUIRED ITEMS	1 towel and washcloth
1 sleeping bag	Rubber flip flops for the shower
1 pillow	Garbage bag for wet or dirty clothes
3 pairs of jeans or pants	Water bottle
3 heavy shirts	Small backpack
2 light shirts	Flashlight
1 sweater or sweatshirt	1 raincoat or poncho!!
1 pair of pajamas	
8 pairs of underwear	OPTIONAL ITEMS
8 pairs of warm socks	Camera and film - labeled!!
2 pair of sneakers	Book to read at bedtime
1 pair of waterproof boots	Ear plugs for sleeping
1 winter hat	Preaddressed envelopes or post cards
Gloves	Playing cards
1 warm jacket	
1 toilet kit (soap, small shampoo, toothpaste and brush, hairbrush, plastic drinking cup, <b>chapstick</b> , lotion)	<b>PLEASE DO NOT SEND:</b> knives, blow dryers, hair straighteners, radios, ipods, cell phones, MP3-CD players, any hand controlled electronic games, matches, candy, gum, <u>or any food.</u>

- Please do not buy new clothes for your child to wear at Nature's Classroom. Send old clothes.
- Please make sure that all your personal items are labeled. Lost disposable cameras are very common.
- If possible, please pack your child's clothing and equipment in a duffle bag. Your child will be carrying their own luggage so pack judiciously. Suitcases with wheels are great. Plastic bags for carrying items do not fare well.
- Please claim lost items or monetary or personal value as soon as possible after your child's visit.
- Please do not send food as we have multiple students with food allergies, some life threatening.