



**NORTHAMPTON COUNTY
JUNIOR CONSERVATION SCHOOL**

Medical Information Form

Date: _____

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Parent/Guardian: _____ Relationship: _____

Home Telephone: _____ Work/Cell Phone: _____

Secondary Emergency Contact: _____ Relationship: _____

Home Telephone: _____ Work/Cell Phone: _____

Please list (with dates) any major illnesses or injuries that the applicant has had in the recent past.

Please list (with dates) any major illness or injuries that the applicant has had in the past year.

Date of most recent tetanus: _____ (booster recommended to have occurred within five years)

Please list all known allergies of applicant:

Your child can take part in strenuous activities YES NO

If you answered no, please describe limitations: _____

Please list any medication, with dosage instructions, and/or dietary needs of the applicant:

I hereby give permission to the NCJCS authorized first aid staff, or NCJCS director, to administer the above mentioned medication

Parent Guardian Signature

Date

It is the policy of the Northampton County Junior Conservation School(NCJCS) to contact the parent or legal guardian of youth(s) enrolled before taking a student to a doctor or hospital for treatment of an illness or injury in a non emergency situation. However, in the case of an emergency, or when neither the primary parent/guardian, nor secondary emergency contact, can be reached, the parent or guardian gives NCJCS the right to seek emergency treatment. In case of an emergency your child, children, will be transported to the nearest hospital.

Parent/Guardian Signature

Date

I hereby give permission to the Northampton County Junior Conservation School staff and/or professional medical services to transport my child, children, to or from a doctor or hospital for emergency treatment.

Parent/Guardian Signature

Date

I hereby give permission to NCJCS, NCJCS Director, or a designee of the NCJCS to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject or administer drugs in the conjunction with such emergency treatment.

Parent/Guardian Signature

Date

The following may be given to my child on an as needed basis:

_____ Acetomenophin/Tylenol

_____ Cough Lozenges

_____ Cough Syrup

_____ Other O.T.C. medicines

_____ External Ointments

_____ All of the above

Additional remarks and information:

Please provide your family physicians contact information:

Name: _____ Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please attach and return a copy of your current medical insurance card with this medical form.