

CONFIDENTIAL: STUDENT HEALTH & MEDICAL PERMISSION FORM
(Please print.)

Student's Full Name _____

OSAI Discipline _____ Date of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Street Address _____ City _____ Zip _____

Please answer each question below. Medical information is kept confidential, and this form will be shredded after OSAI. **If your child has a serious medical condition requiring special care or medication, please include a letter of instruction from their physician.** This information is helpful should medical treatment be necessary during OSAI.

Name of primary physician: _____

Physician telephone (with area code): _____ City: _____

Is your child covered by medical insurance? Yes No

Name & address of insurance company: _____

Name of insured: _____

Policy number: _____ Group number: _____

Does your child have a physical or psychological condition that the administrative and nursing staff should be aware of? Yes No

If yes, please explain: _____

Has your child been hospitalized or seen by a medical doctor or chiropractor within the last 12 months?
 Yes No

If yes, list date and reason: _____

Given the close proximity of OSAI students living and learning together at Quartz Mountain, **it is strongly recommended that all participants are up-to-date on vaccinations before arriving at Quartz Mountain.**

Please indicate your child's current immunization status below:

School-required immunizations Yes/All Some No/None
(e.g. Tdap, DTaP, MMR, Varicella, IPV)

Meningococcal immunization Yes/Fully Vaccinated Partially Vaccinated No/Not Vaccinated

COVID-19 immunization Yes/Fully Vaccinated Partially Vaccinated No/Not Vaccinated

COVID-19 booster Yes/Received No/Not Received

If there is any other information regarding your child's immunization status you would like to inform us about, please do so here: _____

Please return this form to the OAI office by Sunday, May 1.
111 NW 9th Street, Oklahoma City, OK 73102

Please identify any allergies your child has, their reaction to it, and the usual care for their allergy:

Medication or drugs Yes No

Food Yes No

Other/restrictions Yes No

If yes, please explain: _____

OAI strives to create an inclusive, accessible environment at OSAI where all individuals, include individuals with disabilities, are able to engage fully. Does your child need any accommodations at Quartz Mountain?

Yes No

If yes, please explain: _____

Please provide in the space below any additional information about your child's health that may affect their ability to fully participate in OSAI. Attach additional information as needed.

If you would like to consult with an OSAI Registered Nurse regarding your child's health needs prior to OSAI, please indicate here: Yes No

If yes, please list preferred contact name and info: _____

Medical Permission

In case of medical emergency, I hereby release OAI and its employees, agents, and representatives from any liability arising from obtaining or providing medical treatment, including transportation to seek medical treatment, except in cases of gross negligence or willful misconduct.

Student signature

Date

Parent/legal guardian signature

Date

Emergency contact daytime phone number (with area code): _____

Emergency contact nighttime phone number (with area code): _____

Please return this form to the OAI office by Sunday, May 1.

111 NW 9th Street, Oklahoma City, OK 73102

Permission to Administer Medications

“Medication” is any substance a person takes to maintain and/or improve their health, which includes vitamins and natural remedies. All medication, including over-the-counter (OTC) items, must be brought in the **original, properly labeled** container and will be administered by the OSAI nursing staff. Unlabeled items cannot be used at OSAI. Please give *all* medications (prescription *and* OTC) to the nurses at check-in. The OSAI Health Center also keeps a supply of common OTC medications.

Is your child taking any medications? Yes No

If yes, please include all info below about each medication your child takes:

Name of medication	Amount or dose	When given	How given	Reason for taking
<i>(EXAMPLE): Minocycline</i>	<i>100 mg</i>	<i>every morning</i>	<i>orally, with food</i>	<i>acne</i>

If prescription, list prescribing physician/s and their address/es: _____

I hereby authorize OSAI nursing staff to administer over-the-counter medications to my child for minor discomfort or illness on an “as needed” basis. Yes No

If yes, the following non-prescription medications may be stocked in the OSAI Health Center. Please cross out any items that should **NOT** be given from this list:

- Tylenol 500mg (pain/fever)
- Benadryl 25-50mg
- Loratadine 10mg (allergy relief)
- Loperamide HCL 2mg (diarrhea)
- Hydrocortisone Cream 1%
- Calamine lotion (skin itch relief)
- Suphedrine PE (Phenylephrine HCl) 10mg (nasal congestion relief)
- Ibuprofen 200mg (pain/fever)
- Chlortabs (Chlorpheniramine) (antihistamine)
- Bismuth Subsalicylate (Pepto-Bismol)
- Mucus Relief (Guaifenesin)
- Calahist (external analgesic/skin protectant)

If you would like to leave a comment about OTC directives for your child, please use the space below.

Parent/Legal Guardian:

Printed Name Signature Date

Please return this form to the OAI office by Sunday, May 1.
111 NW 9th Street, Oklahoma City, OK 73102

