

**OREGON CONFERENCE OF SEVENTH-DAY ADVENTISTS  
OFFICE OF EDUCATION  
19800 Oatfield Rd.  
Gladstone, OR 97027  
Phone: 503.850.3551 Fax: 503.850.3451  
[fawn.fahrer@oc.npuc.org](mailto:fawn.fahrer@oc.npuc.org)**

**EMERGENCY INFORMATION AND MEDICAL PERMISSION FORM FOR  
TEACHERS, CHAPERONES AND COUNSELORS OVER 18**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male  
Female

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address (If different then above): \_\_\_\_\_  
\_\_\_\_\_ Permanent Phone: \_\_\_\_\_

Physician's name, Address & Phone:  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please contact:  
1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Please list any medical conditions/concerns, recent injury or hospitalization that might require special planning or consideration during your involvement with Outdoor School activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify any activities that are not allowed: \_\_\_\_\_

Date of last tetanus (if known) \_\_\_\_\_

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

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Recent exposure to infectious disease: \_\_\_\_\_

Attach an additional sheet if there is any information you wish to share that is related to your well being.

**Medications**

1. All counselors must turn in all prescriptions and over-the-counter medications to the nurse. Teachers and staff are encouraged to turn medications into the nurse as well.
2. Prescription and over-the-counter medications must be in original container.

I am taking the following medications and will bring them to Outdoor School.

Medication	Reason	Dosage	Time	Physician & Phone #

**PERMISSION FOR ADMINISTRATION OF EMERGENCY CARE**

In case of emergency, I hereby give permission to the physician/nurse selected by the Outdoor School to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for myself, as named above. I also give my permission for the Outdoor School personnel to arrange transportation in an emergency or if medical care is needed.

\_\_\_\_\_

Signature

Date