



# MEDIA PERMISSION SLIP

**Student Name:** \_\_\_\_\_

I give permission and consent for \_\_\_\_\_ to allow photographs to be taken during DeVries Nature Conservancy activities. I further give permission and consent that any such photographs may be published and used by DeVries Nature Conservancy to illustrate and promote its programs.

**Signed** (Parent or Guardian): \_\_\_\_\_

# HEALTH HISTORY FORM

Allergies: (list all known)

Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Other (insect stings, asthma, animals, grass, etc.): \_\_\_\_\_

Has your child:

Had a recent injury or illness? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Chronic illness/condition? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Have skin problems? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Wear glasses or contacts? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Have seizures? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Have diabetes? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Other? \_\_\_\_\_

Medications Needed:

Medication	Dosage	Hours Given	Reason

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents EXCEPT THOSE I HAVE CROSSED OUT if the education staff deem it necessary, or I have provided them. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise:

Benadryl	Cough drops	Tums	Pepto Bismol
Hydrocortisone cream	Eye drops	Aloe Cream	Caladryl lotion

I certify that my child is healthy, with up-to-date immunizations.

**Parent or Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_