



**ECHO HILL OUTDOOR SCHOOL**  
 Summer One Day Health and Registration Form

To be filled out by parents - please print clearly and complete both sides

<b>Your School/Group's Name:</b>	<b>Date(s) Attending EHOS:</b>
<b>Gender:</b>	<b>Grade:</b>
<b>Age:</b>	<b>Date of Birth:</b>

Child's Name (please print one letter per box):

Parent or Guardian #1 Name:

Parent or Guardian #2 Name:

Child's Home Address - Street:

Child's Home Address - City, State, Zip Code:

Home Phone:

Parent or Guardian's E-Mail Address:

Parent or Guardian's Cell Phone:

Parent or Guardian #1 Employer:	Work Phone:
Parent or Guardian #2 Employer:	Work Phone:
Person to Contact in Emergency (other than parent):	Phone:
Name of Child's Physician:	Phone:
Name of Family's Medical Insurance Company:	Policy Number:

**Health Information Necessary for Child's Protection and Care:**

*Please circle Yes or No. If Yes please provide details; use separate page if necessary*

1. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity while at the Outdoor School? YES NO Provide Details: \_\_\_\_\_
- Recent surgery or illness: YES NO Date & Details: \_\_\_\_\_
- Recent broken bones or sprains: YES NO Date & Details: \_\_\_\_\_
- Recent childhood diseases or infectious diseases: YES NO Date & Details: \_\_\_\_\_
- Asthma, heart condition, diabetes, seizure: YES NO Date & Details: \_\_\_\_\_
- Other physical conditions: YES NO Date & Details: \_\_\_\_\_
- Allergies to Medications: YES NO Details: \_\_\_\_\_
- Allergies to Foods: YES NO Details: \_\_\_\_\_
- Environmental allergies (bee stings, hayfever, etc.): YES NO Details: \_\_\_\_\_
- Are there any mental, emotional, or social factors that may affect the care of your child while at the Outdoor School? YES NO Please Describe: \_\_\_\_\_

***Please Complete Both Sides***

## Medical Information

***ALL medication, prescription or otherwise, must be clearly labeled with child's name.  
All medication must be in original container or it CANNOT be accepted by state guidelines.***

Has your child had a Tetanus shot?	YES	NO	Date of last Tetanus shot: ___/___/___
May have Tylenol if needed?	YES	NO	mm/dd/yyyy
May have Benadryl for life-threatening emergency?	YES	NO	May apply sunscreen? YES NO
May have Benadryl for allergic reaction?	YES	NO	Parent will provide _____ sunscreen <span style="display: block; text-align: right; font-size: small;"><i>list brand</i></span>

<input type="checkbox"/> My child is not bringing medication.	<input type="checkbox"/> My child takes medication as listed.
My child will be bringing an Epi-Pen YES NO Reason:	My child will be bringing an Albuterol Inhaler (for PRN or as needed) YES NO

***Echo Hill requires Epi-Pens and PRN Inhalers to be carried at all times.  
Please provide a fanny/waist pack for carrying.***

Name of Medication	Approximate Time	Condition/Reason
1.		
2.		
3.		

## Immunization Information

<b>For Students Who Reside WITHIN the United States, a U.S. territory or the District of Columbia:</b>	<b>For Students who Reside OUTSIDE the United States, a U.S. territory, or the District of Columbia:</b>
1. State/territory in which student resides:	1. Country in which student resides:
2. Is this student exempt from any immunizations? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list them:	2. Attach State of Maryland Form DHMH-896 (record of vaccination or immunity)

### The following box must be completed and signed for your child to attend

This health history is correct so far as I know, and the person herein described has permission to engage in all activity, except as noted by me.

If a serious emergency occurs, it might be necessary for a physician to attend to your child before the Echo Hill Outdoor School staff is able to contact you or your designated physician. Such care can be provided ONLY if you will sign the following AUTHORIZATION FOR MEDICAL TREATMENT:

I hereby give permission to the physician selected by the director of Echo Hill Outdoor School to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that the health insurance policy which I carry on my child is the primary policy in case of any illness or injury. Echo Hill Outdoor School carries an excess policy which covers expenses not paid by my primary family insurance, including deductibles and co-pays up to our limit.

I understand that the program my child is participating in may involve specialized activities (boating, canoeing, low and high ropes challenge course.) I give permission for my child to participate in these activities and to be transported by Echo Hill Outdoor School for these activities. I know and understand the inherent risks and dangers involved in the above named activities and I understand that although EHOS will take reasonable precautions, it is impossible to guarantee absolute safety, and that unanticipated dangers might arise. I hereby release EHOS from any responsibility for injury which might occur as a result of participation in EHOS activities.

I give Echo Hill Outdoor School permission to reproduce and publish any photo, picture, video, or likeness of my child for the purpose of enhancing enrollment and/or marketing.

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

Relationship to child \_\_\_\_\_

***A signed, printed copy of this form must accompany your child.***

# TICK AND MOSQUITO INFORMATION

For more information about ticks and mosquitoes, please see the following:

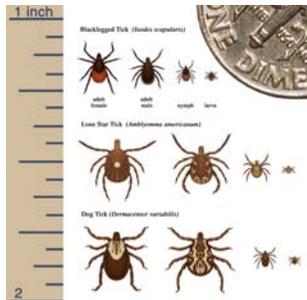
Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))  
Maryland Department of Health and Mental Hygiene ([www.dhmd.state.md.us](http://www.dhmd.state.md.us))

People engaged in outdoor activity are at risk of tick and mosquito bites. If you had a tick bite, live in an area known for Lyme disease or have recently traveled to an area where it occurs ([www.cdc.gov/lyme/stats/index.html](http://www.cdc.gov/lyme/stats/index.html)), and observe any of the symptoms listed below, you should seek medical attention.

## Ticks Can Be Found Throughout Maryland

- The most common ticks in Maryland are the Black-Legged Tick, the American Dog Tick, and the Lone Star Tick.
- Ticks can transmit infectious diseases when they bite you.
- Not every tick bite transmits disease.

- Some ticks are extremely small. The tick that transmits Lyme disease may be smaller than a sesame seed!



## Recognize the Symptoms

- Many tick-borne diseases have similar early symptoms, including fever, headache, fatigue, and possible rash. Signs and symptoms vary.
- Contact your health care provider if you develop any of these symptoms after a tick bite or after being in tick habitat.
- Most cases of tick-borne disease can be cured with antibiotics, especially when treatment is started early.

## Lyme Disease

- Lyme disease is the most common tick-borne disease in Maryland.
- Lyme disease is transmitted by the bite of an infected black-legged tick, which must be attached for at least 24 hours for transmission to occur.

- From three to thirty days after a tick bite, a gradually expanding rash (called erythema migrans) can occur at the site of the bite in 70-80% of infected people. The rash can expand over several days to up to 12 inches and may resemble a bull's eye.



- If untreated, Lyme disease may cause a loss of muscle tone on one or both sides of the face, severe headaches and neck stiffness, shooting pains that can interrupt sleep, heart palpitations, dizziness, and pain that shifts from joint to joint.
- After several months, 60% of untreated patients may develop severe joint pain and swelling, particularly in the knees. Five percent of untreated patients may experience shooting pains, numbness or tingling in the hands or feet, and problems with concentration and short term memory.

# Directions to Echo Hill Outdoor School

Please be alert to local speed limits

## From Philadelphia

Take 1-95 South to the Elkton, Md. exit, Rt. 279 South (Exit 109A). Follow Rt. 279 South for 2.6 miles to Rt. 213 South. Turn left and follow Rt. 213 to Galena. In Galena be sure to turn right at the traffic light. Continue on Rt. 213 to Rt. 298. Turn right on Rt. 298 (Molly's Mart is at this intersection). Follow Rt. 298 and bear right on Rt. 566 to Still Pond. Go through Still Pond and continue for 2 miles to Still Pond Neck Road (on the left). There should be a sign there directing you toward Coleman. Go for 3 miles until you reach Bloomingneck Road (on the right). This is the entrance to the outdoor school. Bear right onto dirt road and follow into Echo Hill Outdoor School campus. Please note that the speed limit on the dirt road is 15mph. Follow signs to either bus parking or school office.

## From Washington

Take Rt. 50 past Annapolis and across the Chesapeake Bay Bridge. Follow Rt. 50 to junction of Rt. 301; stay on Rt. 301 to 213. Take Rt. 213 North through Centreville and Chestertown to Rt. 297. Turn left at Rt. 297 and continue to Rt. 298. Turn right at Rt. 298. Turn left onto Coopers Lane. Turn right onto Still Pond Creek Road. Go over the little bridge and bear left. Continue to stop sign. Turn left onto Still Pond Neck Road. Follow until Bloomingneck Road (on the right). This is the entrance to the outdoor school. Bear right onto dirt road and follow into Echo Hill Outdoor School campus. Please note that the speed limit on the dirt road is 15mph. Follow signs to either bus parking or school office.

