



ECHO HILL OUTDOOR SCHOOL

Day Health and Registration Form

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

Attending Group/School Name:	Dates of Attendance:
Child's Name:	Sex: Age: Date of Birth:
Name of Parent or Guardian:	Home Phone:
	Cell Phone:
Home Address:	E-mail:
City:	State: Zip Code:
Parent #1 Employer:	Work Phone:
Parent #2 Employer:	Work Phone:
Person to call in Emergency (other than parent):	Phone:

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 Date: _____ 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 Outdoor School?
YES NO Please Describe: _____

Medical Information

Has your child had a Tetanus shot? YES NO	Date of last Tetanus shot: _____
May have Tylenol if needed? YES NO	
May have Benadryl for life-threatening emergency? YES NO	
May have Benadryl for allergic reaction? YES NO	

Medications

<input type="checkbox"/> My child is not bringing medication.	My child will be bringing an Epi-Pen YES NO Reason:
<input type="checkbox"/> My child takes medication as listed. I authorize my child to self-administer this medication under direct supervision of the adult staff member in charge.	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.***

**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.**

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

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 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 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 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 _____