



# ECHO HILL OUTDOOR SCHOOL

## Health and Registration Form

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

Attending Group/Program 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:
Name of Child's Physician:	Phone:
Name of Family Medical Insurance:	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 Date: \_\_\_\_\_ Details: \_\_\_\_\_
  - Allergies to Foods: YES NO Details: \_\_\_\_\_
  - Environmental allergies (bee stings, hayfever, etc.): YES NO Details: \_\_\_\_\_
  
2. To help us supervise your child at the Outdoor School, the following information is necessary.
  - Does your child sleepwalk? YES NO Details: \_\_\_\_\_
  - Does your child wet the bed at night? YES NO Details: \_\_\_\_\_
  - Has your child ever been away from home alone before? 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: \_\_\_\_\_

### 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

**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.**

<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.***

Name of Medication	Dosage	Approximate Time	Condition/Reason
1.			
2.			
3.			
4.			

## Immunization Information

***All participants must be current on all immunizations. Check the box that applies and provide necessary paperwork.***

- My child is currently enrolled in the following Maryland public/private school: \_\_\_\_\_
- My child is not enrolled in a Maryland school. Attached is a copy of immunizations confirming that my child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.edcp.org](http://www.edcp.org) (immunization) for information.
- My child is exempt from any immunization on medical or religious grounds. Please provide a signed copy of Maryland Department of Health & Mental Hygiene Immunization Certificate from either a physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunization for religious reasons.

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

<p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Signature _____ Date _____</p> <p>Relationship to child _____</p>
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***A signed, printed copy of this form must accompany your child.***