



**DAY HEALTH AND REGISTRATION FORM
TO BE FILLED OUT BY PARENTS**

PROGRAM/SCHOOL _____ **DATE OF ATTENDANCE** _____

Child's Name _____ Sex _____ Age _____ DOB ____ / ____ / ____

Name of Parent or Guardian _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

e-mail: _____

Father's Employer _____ Phone _____ cell _____

Mother's Employer _____ Phone _____ cell _____

Person to call in Emergency (Other than parents) _____ Phone _____

HEALTH INFORMATION NECESSARY FOR CHILD'S PROTECTION AND CARE

- 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 _____
 - Recent surgery or illness YES NO _____ Date _____
 - Recent broken bones or sprains YES NO _____ Date _____
 - Recent childhood diseases or infectious diseases YES NO _____ Date _____
 - Asthma, heart condition, diabetes, seizures YES NO _____
 - Other physical conditions YES NO _____
 - Known allergy to medication YES NO _____ Penicillin? _____
 - State any other allergies _____ Bee Sting allergy? _____
- To help us supervise your child at the Outdoor School, the following information is necessary:
 - Has your child ever been away from home alone before? YES NO _____
 - May have **Tylenol** if needed? YES NO _____
 - May have **Benadryl** for life-threatening emergency? YES NO For allergic reaction YES NO _____
 - Are there other factors that may affect the care of your child? YES NO _____

3. Name of child's physician _____ Phone _____

Name of Family Medical Insurance _____ Policy # _____

Date of last Tetanus shot: _____

- *My child will be bringing an **epi-pen** to Echo Hill. YES NO _____
 - *My child will be bringing an **albuteral inhaler** (for prn or as needed basis). YES NO _____
- (Echo Hill requires epi-pens & prn inhalers be carried at all times. Please provide a fanny/waist pack for carrying.)*
- My child takes no medications.
- 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.

MEDICATION

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

Name of medication	Dosage	Approximate time	Condition/reason
1. _____			
2. _____			

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 arose, 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 advertising or any purpose.

Signature _____ **Date** _____

Relationship to child _____ 2010