

ECHO HILL OUTDOOR SCHOOL One Day Program Health and Registration Form

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

Your School/Group's Name:		Date(s) A	Date(s) Attending EHOS:					
Child's Sex:	Grade:	Age:	Date	of Birth:				
Child's Name (please print one letter per box):								
Cillu's Nalle (please p	fint one letter per boxj.							
Parent or Guardian #1 Na	ame:							
Parent or Guardian #2 Na	ame:							
Child's Home Address - S	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 Phon	Work Phone:					
Parent or Guardian #2 Employer:		Work Phon	Work Phone:					
Person to Contact in Emergency (other than parent):		Phone:	Phone:					
Name of Child's Physician:			Phone:					
Name of Family's Medical Insurance Company:		Policy Num	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

YES NO

YES NO

YES NO

YES NO

NO

YES

YES NO Date & Details: _____

YES NO Date & Details: _____

Date & Details: _____

Date & Details: _____

Date & Details: _____

Details: _____

Details:

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?YESNOProvide Details:

- Recent surgery or illness:
- Recent broken bones or sprains:
- Recent childhood diseases or infectious diseases:
- Asthma, heart condition, diabetes, seizure:
- Other physical conditions:
- Allergies to Medications:
- Allergies to Foods:

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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:_____

Continued on Other Side

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.

YES	NO	Date of last Tetanus shot://
YES	NO	mm/dd/yyyy
YES	NO	
YES	NO	
Y	ES ES	ES NO ES NO

[] My child is not bringing medication.	My child will be bringing an Epi-Pen Reason:	YES	NO
[] 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.			

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 any medical expenses beyond the limits of Outdoor School's participant medical coverage will be billed directly to me or my insurance company.

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.