

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 have Benadryl for allergic reaction? | YES | NO | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <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. | | | |

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.