



ECHO HILL OUTDOOR SCHOOL
Student Residential Health and Registration Form

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

Your School/Group's Name:		Date(s) Attending EHOS:	
Gender:	Grade:	Age:	Date of Birth:

Child's Name (please print one letter per box):

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Parent or Guardian #1 Name:

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Parent or Guardian #2 Name:

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Child's Home Address - Street:

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Child's Home Address - City, State, Zip Code:

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Home Phone:

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Parent or Guardian's E-Mail Address:

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Parent or Guardian's Cell Phone:

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Parent or Guardian #1 Employer:	Work Phone:
Parent or Guardian #2 Employer:	Work Phone:
Person to Contact in Emergency (other than parent):	Phone:
Name of Child's Physician:	Phone:
Name of Family's Medical Insurance Company:	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 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 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

***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 a Rescue Inhaler (for PRN or as needed) YES NO

Echo Hill requires Epi-Pens and PRN Inhalers to be carried at all times. Please send a waist pack for carrying.

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

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 Echo Hill 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 health insurance policy which I carry on my child is the primary policy in case of any illness or injury. Echo Hill Outdoor School carries an excess policy which covers expenses not paid by my primary family insurance, including deductibles and co-pays up to our limit.

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.

Child's Name _____

Signature _____ Date _____

Relationship to child _____

To be filled in by school - Nurse's/Teacher's Report (Optional)

Known health impairments:
Restrictions necessary:
Significant information (behavior, learning limitations, emotional/sensitivity):
Signature: _____ Date: _____