

Student Medical Form and Permission Slip
Cuyahoga Valley Environmental Education Center

Please return this form to your child's teacher as soon as possible. Use additional sheets if necessary.
ALL SECTIONS TO BE COMPLETED BY PARENT(S)/GUARDIAN(S).

Date(s) of visit: _____ School/Group Name: _____

STUDENT NAME: _____ BIRTHDATE: ____/____/____

IDENTIFYING GENDER: _____ PRONOUNS: _____

In case of an emergency, parent/guardian or the two alternate persons listed below should be contacted:


Emergency Contact Name	Home/Cell Phone #	Street Address, City, State, Zip
Custodial Parent/Guardian:		
Alternate #1: (required)		<i>Address not required for alternate</i>
Alternate #2: (required)		<i>Address not required for alternate</i>

HEALTH HISTORY AND SPECIAL CARE – *You may attach a page if necessary. Any matters of a confidential nature may be written to the director in a separate letter.*

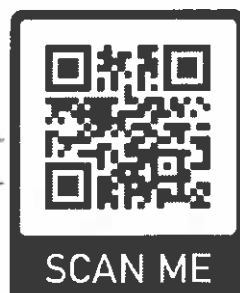
Please list any medical or dental considerations that may impact your child's activities, including recent illnesses, injuries, or surgeries:

Please list any learning or behavioral considerations that could impact their experience:

Please list all prescription and over-the-counter medications currently taken:

Please list any food allergies or dietary restrictions. You must also submit dietary information online. Visit <https://bit.ly/EECfood> or scan the QR code to access. 

Are all vaccinations current? Y/N _____ Date of last tetanus shot: ____/____/____



Student Medical Form and Permission Slip (cont'd)
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Please list all medications and schedule to be taken at the site. You may attach a page if necessary:

Name of Medication	When it is Given	Amount/Dosage	How it is Given
<i>Example: Claritin</i>	<i>Lunch</i>	<i>60mg</i>	<i>By mouth with water</i>

PERMISSION, PHOTO RELEASE, and EMERGENCY TREATMENT AUTHORIZATION
PLEASE SIGN ALL SIGNATURE LINES

PERMISSION

I hereby give permission for my child to participate in all camp activities on CVEEC premises and off the premises, including field trips and bus transportation to activity sites (collectively, "Activities"), unless otherwise noted. I fully understand that my child's participation in these Activities involves certain inherent risks of physical injury. As part of my consideration tendered for my child to participate in the Activities at the CVEEC and/or administered by the Conservancy for the Cuyahoga Valley National Park, I agree (on behalf of myself, my child(ren), my and their heirs, personal representatives, executors, assigns, and guardians) to assume such risks and do hereby waive any and all claims against, and agree to fully release, indemnify, and forever hold harmless the Conservancy for the Cuyahoga Valley National Park, its officers, partners, employees, agents, and volunteers ("Released Parties") from any and all claims related to any illness, injury, including loss of life or disability, personal property damage and loss, or loss of any other description which my child may sustain out of or in any way associated with my child's participation in said Activities, whether or not arising from the negligence of the Released Parties. I understand that my child must follow the rules of the Cuyahoga Valley Environmental Education Center and the directions of the program leaders, or my child may be removed from the program.

→ PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PHOTO RELEASE

I give permission to the Conservancy, Cuyahoga Valley National Park, and/or other partners to use photos and videos for educational and/or promotional purposes of my child participating in all program activities unless I have otherwise noted below. I understand that as part of their educational experience, digital images of students are linked to the Conservancy website (www.conservancyforcvnp.org). I understand that my child will be using computers and have access to photos as part of this program and that use of these computers other than as instructed for educational purposes is strictly prohibited.

→ PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

My child is NOT authorized to be photographed

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby give permission to the medical personnel selected by the Conservancy for Cuyahoga Valley National Park or my child's school personnel to order X-rays, routine tests, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Conservancy or my child's school personnel to secure and administer treatment, including hospitalization, for my child as named above.

→ PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

My child is NOT authorized for emergency medical treatment