

# GLEN HELEN OUTDOOR EDUCATION CENTER SCHOOLCAMP HEALTH FORM

School \_\_\_\_\_ Grade \_\_\_\_\_

## PERSONAL INFORMATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Does this parent reside at the address listed above? **Y / N**

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Does this parent reside at the address listed above? **Y / N**

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Emergency contact other than Parent/Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone(s) \_\_\_\_\_

## HEALTH HISTORY

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last visit \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Is your child up to date on all immunizations required for Ohio public school attendance? \_\_\_\_\_

### **Please Check All Past and Present Health Concerns**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> ADD           | <input type="checkbox"/> Bedwetting           | <input type="checkbox"/> Hemophilia          | <input type="checkbox"/> Nightmares   |
| <input type="checkbox"/> ADHD          | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Psychiatric  |
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Eating Disorder      | <input type="checkbox"/> Hypoglycemia        | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Hearing Loss         | <input type="checkbox"/> Insomnia            | <input type="checkbox"/> Seizures     |
| <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Muscular Disorder   | <input type="checkbox"/> Ulcers       |

Please explain the above health concerns. \_\_\_\_\_

\_\_\_\_\_

Please list allergies (food, drug, other) and reactions. \_\_\_\_\_

\_\_\_\_\_

Please explain any recent infectious disease. \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions or special needs? \_\_\_\_\_

\_\_\_\_\_

Is there any reason why your child should follow a limited schedule of physical activity? \_\_\_\_\_

\_\_\_\_\_

Are there any other behavioral or medical concerns we should be aware of? \_\_\_\_\_

\_\_\_\_\_

(Duplicate)

**MEDICAL INSURANCE**

Name of Medical Insurance Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**All students are required to have coverage by accident and illness insurance during their stay. This insurance can be provided through the policy that Glen Helen has with the Special Markets Insurance Consultants, Inc.**

Will this child be insured by the Accident/Illness policy offered through Glen Helen? **Y / N**

If yes, please make arrangements for coverage and payment with the coordinating teacher at your child's school.

**MEDICATIONS**

**IMPORTANT:** The Outdoor Education Center's first aid cabinet is stocked with first aid supplies, over-the-counter medications, and treatments for minor afflictions. Are there any over-the-counter medications or treatments that your child may **NOT** have due to allergy or parental/guardian preference? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all prescription and non-prescription medications being brought to Glen Helen.**

- **A physician's signature is required if prescription medications are to be administered at Glen Helen.** We recommend that your child is examined by his or her physician before arrival at Glen Helen.
- For both prescription and non-prescription medications, a physician's explanation and signature are required if the dosage or schedule to be followed is different from the prescription or manufacturer's dosage or schedule
- For prescription medications, the medications must be in their original containers and the child's name, dosage and schedule listed on the original container must be correct.
- For non-prescription medications, the medications must be in their original containers and the dosage and schedule on the container will be followed.

<u>Name of Medication</u>	<u>Dosage and Schedule</u>	<u>Purpose of Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

(Required only if there are prescription medications or dosage variations on prescription or non-prescription medications.)

**PARENT/GUARDIAN AUTHORIZATION** (signature required for attendance)

The information contained in this form is correct, to the best of my knowledge, and the child described herein has permission to engage in all Glen Helen Outdoor Education Center activities, except as noted. I hereby consent to the following:

- authorization for consent for treatment may be given by any teacher or administrator of my child's school or school district or by the Outdoor Education Director or Assistant Director, any of whom may sign all documents necessary to obtain such treatment;
- the administration of any and all necessary medical treatment by a licensed physician or dentist either at his/her office or at a hospital;
- and the transfer of the minor, if necessary, to a specialty hospital, such as children's hospital.

I understand that the parent/guardian is fully responsible for the child's transportation if he/she is dismissed for disciplinary, behavior, or medical reasons. I absolve Glen Helen Outdoor Education Center and all of its employees of any and all liability, financial and/or otherwise arising from participation in the Outdoor Education Center program and/or the administration of medication to the child named herein under the terms of this release. I understand that Glen Helen Outdoor Education Center is not responsible for payment for any medical expenses incurred during participation in the program.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_