Endless Mountains NATURE CENTER

Medical History and Release Form

1309 Vosburg Road, Tunkhannock, PA 18657
570-836-3835 EndlessNature.org

ONE FORM PER CHILD **Nature Day Camp**

Child's Name: _____ Camp Date(s):_____

Date of Birth:_____ Gender: _____

Parent/Guardian 1 Name:_____

Phone: _____ Emergency Phone:_____

Parent/Guardian 2 Name:_____

Phone: _____ Emergency Phone:_____

Purpose: Information will be used in the event of an emergency and to help your child have a great camp experience. All information will remain confidential. Are there any special considerations necessary to help your child have a safe and successful experience at camp (health/emotions/behavior)? Attach extra pages, if necessary.

_____

_____

Demographics, this helps us secure grants (optional)
We are asking the following questions for grant-reporting purposes and to better serve our community. Information is confidential.

Ethnicity of child:_____

Number of people in your household: _____

Number of P&G employees in family? _____

Household income:

- ❑ Below $15,000
- ❑ $15,000-20,000
- ❑ $20,000-$35,000
- ❑ $35,000-$50,000
- ❑ $50,000-$75,000
- ❑ $75,000-$100,000
- ❑ Over $100,000

Allergies
❑ No known allergies ❑ Food ❑ Environmental ❑ Other
Describe allergy & reaction: _____

_____

Restrictions and Adaptations Child can participate:
❑ Without restrictions ❑ With these restrictions:
Describe: _____

_____

Medications—CHECK ONE
❑ This child does NOT take any medications.
❑ This child takes the following medications & purpose:

_____

_____

_____

General Health History—check all that apply.

- ❑ Has been hospitalized
- ❑ Has had surgery
- ❑ Recurrent/chronic illness
- ❑ Recent infectious disease
- ❑ Recent injury
- ❑ Asthma/wheezing/shortness of breath
- ❑ Diabetes
- ❑ Seizures
- ❑ Headaches
- ❑ Wears glasses, contacts, or protective eyewear
- ❑ Fainting/dizziness
- ❑ Passed out/had chest pain during excersize
- ❑ Had mononucleosis (mono) in the past 12 months
- ❑ Problem menstruation
- ❑ Back/joint problems
- ❑ Diarrhea/constipation issues
- ❑ Skin problems
- ❑ Traveled outside country in past 9 months
- ❑ Bladder problems

Explain check answers to any of the above items. Attach an extra sheet, if needed. _____

_____

_____

Mental, Emotional, and Social Health
Check all that apply:
❑ Has been treated for ADD/ADHD
❑ Has been treated for emotional/behavioral difficulties
❑ Has been treated for an eating disorder
❑ Has seen a professional to address mental/emotional health concerns in past 12 months
❑ Has had significant life event that continues to affect child.
Describe:_____

_____

_____

OVER, PLEASE

Medical History and Release Form, continued

Child's Name: _____ Gender: _____ DOB: _____

Parent/Guardian's Name: _____

Immunization History—a print out of the child's medical records can be attached to this form.

Record the date (month/year) of immunizations and recent boosters. If your child is not fully immunized, you need to sign the "immunization Disclaimer, call the office to request the form.

Diptheria/Tenanus/Pertussis (DTaP) or TdaP_____

Polio (IPV) _____

Haemophilius Influenzae Type B (HIB) _____

Pneumococcal (PCV) _____

Hepatitis B _____

Hepatitis A _____

Varicella (chicken pox)/Had chicken pox_____

Meningococcal Meningitis (MCV4) _____

Tuberculosis (TB) test date (indicate result) _____

All immunizations up-to-date? ❑ Yes ❑ NO

Medical Insurance Information

❑ This child is covered by family medical/hospital insurance.

Health Insurance Company: _____

Insurance Policy Number: _____

Name of Policy Holder: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Preferred Hospital: _____

General Release of Liability and Authorization for Treatment

Print—Child's Full Legal Name: _____

This health history is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. This completed form may be photocopied. In consideration for being allowed to participate in the Endless Mountains Nature Center's programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless the Endless Mountains Nature Center and its staff member conducting the activities from any and all claims, suits, losses or related causes or action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including hiking, understanding that competent leadership is provided. The Endless Mountains Nature Center is not responsible for lost, stolen, or damaged personal articles.

I hereby give permission to the medical personal selected by the camp staff to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. I acknowledge that this General Release of Liability and Authorization for Treatment of the Endless Mountains Nature Center is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

Signature of Parent/Guardian: _____Date: _____