

Health History Form for Children- 2010

Schiff Summer Nature Programs for Kids
339 Pleasant Valley Road Mendham, NJ 07945

Child's Name _____

Confirmed Dates _____

AM or PM Session _____

The information on this form is gathered to assist us in identifying appropriate care for your child should an emergency arise and is kept confidential by Schiff Natural Lands Trust personnel. Any changes to this form should be provided upon the participant's arrival. Please provide complete information so that we are aware of your child's needs.

Child's Name _____ Birth Date _____ M F
First Last Middle Initial

Home address _____
Street City Zip

Custodial Parent/Guardian _____ Home address _____
(If different from above) Street City Zip

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____
First Last Middle Initial

Home address _____
Street City Zip

Relationship to child _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all program activities except as noted *. I hereby give my permission to the Schiff Summer Programs for Kids instructors to provide routine first aid and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the instructors to arrange necessary transportation for my child in the case of an emergency. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the instructors to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian _____ Date _____

Printed name _____

*Note: _____

ALLERGIES

(List and describe item, reaction, and management of the reaction)

Food allergies _____

Other allergies—include insect stings, hay fever, asthma, animal dander, etc. _____

MEDICATIONS

OVER →

Please list ALL medications taken routinely. Attach additional pages if necessary. SCHIFF NATURAL LANDS TRUST PERSONNEL WILL NOT BE RESPONSIBLE FOR ADMINISTERING ANY MEDICATIONS.

My child **takes NO medications** on a routine basis. **OR** My child **takes medications** as follows:

Med #1 _____ Dosage _____

Reason for taking _____

Med #2 _____ Dosage _____

Reason for taking _____

GENERAL QUESTIONS (Explain any “yes” answers)

Has/does the participant:	<u>Yes</u>	<u>No</u>	<u>Explanation</u>
1. Had a recent injury, illness, or infectious disease?	_____	_____	_____
2. Have chronic or recurring illness/condition?	_____	_____	_____
3. Have frequent headaches?	_____	_____	_____
4. Ever had a head injury or been knocked unconscious?	_____	_____	_____
5. Wear glasses, contacts, or protective eyewear?	_____	_____	_____
6. Ever been dizzy or passed out during/after exercise?	_____	_____	_____
7. Ever had seizures?	_____	_____	_____
8. Ever had chest pain during/after exercise?	_____	_____	_____
9. Ever had problems with joints (e.g. knees, ankles)?	_____	_____	_____
10. Have any skin problems (eczema, rash, acne)?	_____	_____	_____
11. Have an orthodontic appliance?	_____	_____	_____
12. Have diabetes?	_____	_____	_____
13. Have asthma?	_____	_____	_____

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the Schiff Natural Lands Trust personnel should be aware. _____

CONSENT STATEMENT

I understand that Schiff Natural Lands Trust reserves the right to dismiss my child from the program if his/her conduct is dangerous, destructive, or is not in the best interest of the program as a whole.

I give my permission for Schiff Natural Lands Trust to use any picture in which my child appears:

- in print on its website decline

Signature of Parent/Guardian: _____ Date: _____