



EBERSOLE ENVIRONMENTAL EDUCATION AND CONFERENCE CENTER
Lansing School District

HEALTH HISTORY FORM
(Required of all persons under age 18)

PARTICIPANT INFORMATION

Name _____ Sex _____ Date of birth _____ Age _____

School/Group _____ Grade Level _____ School District _____

Scheduled to Arrive at Ebersole Center (date) _____ Departure (date) _____

Parent/Guardian _____

Home Address _____

Home Phone (____) _____ Business phone (____) _____

In emergency, if unable to reach parent, contact:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

Family Health Plan Number _____

Policy Holder _____ Place of Employment _____

IMMUNIZATIONS

Are the following immunizations current? DPT, MMR, Polio. YES [] NO []

Year of last tetanus shot/booster _____ What is not current? _____

PHYSICAL CONDITION - Do you currently have or have you been exposed to any infectious diseases?
YES [] NO []

List Disease _____ Exposure Date _____

List any physical limitations: _____

List any emotional behavior or conditions we should know about: _____

SPECIAL INFORMATION - Please check any that apply to your child: Sleep Walking _____ Fainting _____
Bedwetting _____ Chronic Homesickness _____ Rolls out of bed (needs bottom bunk) _____

ALLERGIES - Please check any that apply to your child: Food Allergy _____ Medication Allergy _____
Insect (bee sting) Allergy _____ Does Bee Sting require Epi Pen? _____ Plant/Animal Allergy _____

List Allergens: _____

Type of Reaction: _____

BOTH SIDES OF THIS FORM MUST BE FILLED OUT AND THE BACK SIGNED

DIET - Is a medically prescribed, religiously restricted, or vegetarian diet required? YES [] NO []

Please Explain: _____

_____ (Note: Some special diets may require campers to bring their own food)

MEDICATION - Is participant taking medication at present time? _____

Why? _____

Current medication and directions: Please bring **ALL** medications in the original containers with name, content, dose, and directions. All over the counter medications must be in their original containers and labeled with student's name and directions. **ONLY MEDICATIONS SENT IN ORIGINAL CONTAINERS WILL BE DISPENSED.**

List medications you will be bringing to camp: (please attach additional information if necessary)

Permission for early release from EEC: any adult transporting a child from the Ebersole Center must sign a release form. Is there anyone to whom this child should not be released?

Do we have your permission to use your child's name and photograph in Ebersole Center publications or productions? Please circle one: yes no

PARTICIPATION/MEDICAL TREATMENT RELEASE
(Read the following statement carefully)

1. I, the undersigned parent or guardian, grant permission for my child to participate in the Ebersole Environmental Education and Conference Center Program.
2. I also grant permission to administer prescription medicine that my child brings to camp and for non-prescription medicine (i.e. acetaminophen, cough syrup, Sudafed, Actifid, Dimetapp, etc. - aspirin only on request of parent) and routine non-surgical medical care to be given to my child if deemed advisable by the Center health officer.
3. You will be notified if your child requires medical treatment outside of the Ebersole Center and in cases of prolonged symptoms. **IN CASE OF EMERGENCY**, I hereby give permission to transport my child to the nearest hospital for emergency treatment. I understand I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital doctor.
4. If my child needs to be sent home due to illness, or for disciplinary reasons, I am responsible to pick up my child from the Ebersole Center.

Signature of Parent or Legal Guardian

Date

If there is a religious objection to consenting to emergency or surgical treatment, the parents or guardians shall submit a written statement to the effect that the child is in good health and that the parents or guardians assume the health responsibility for the child and the Ebersole Center and staff will be held harmless in any medical emergency.

BOTH SIDES OF THIS FORM MUST BE FILLED OUT AND THIS SIDE SIGNED

09-2004