

## IMPORTANT HEALTH CARE INFORMATION

The health of each person is of the utmost importance to us. You can help us provide the best care for your child by reading the following information and completing the health form thoroughly and accurately.

Your child's teacher will review the health forms before the trip. They may contact you if there are questions about something on the form. If your child must take medication while on the Environmental Education Trip, please clearly write the medication name and indicate the dosage and times the medication should be taken in the space allotted on the Minor Health History form.

**All medications must be given directly to the child's teacher the morning of the Environmental Education Trip, not packed in luggage.** The teachers are responsible for making medications available to the children during Environmental Education trip according to the directions you provide. All medications, prescription and non-prescription, will be stored in a locked cabinet accessible only to the teachers. Do not send any unnecessary medication on the Environmental Education trip.

If there is an illness or accident requiring a doctor's attention, we will call you or the emergency number you have listed on the Health Form if we are not able to reach you. We will consult with the medical personal at the local hospital and if necessary, transport your child to the local hospital. If your child becomes sick, for his/her comfort and safety, we will ask you to pick up your child.

Your child encounters hazards everyday, from riding in a car to playing in the yard. Some of the natural hazards on the Environmental Education trip range from poison ivy to insect bites to severe weather to the occasional scrapes on a knee from falling during a game. Our staff is trained to recognize these hazards and practice prevention wherever possible. The Environmental Education trips have historically been very safe places for children to learn about God's world.

For your child's health and safety, please:

1. **Read the Health Form carefully and fill it out completely. Sign each section.**
2. Return the completed Health Form to your child's teacher promptly. Your child may not come on the Environmental Education trip without a completed Health Form. **If there are changes to your child's health after you have turned in the form, please contact your child's teacher to revise the form appropriately.**
3. If it is necessary for your child to take medication during the Environmental Education Program, please note the following:
  - a. **All prescription medications must be in their original pharmacy labeled containers.** Inhalers must be marked with your child's name and be in the original pharmacy labeled box.
  - b. Label all essential non-prescription medication containers with your child's name.
4. Give all medications to your child's teacher. Including inhalers! Please do not pack any medication in a suitcase, including over-the-counter items like cough drops.
5. If your child is taking medication, please give the morning dose before sending your child to school on the day they depart for Environmental Education trip.

Thank you for your cooperation in helping us to provide a wonderful place for your child to learn in the outdoors!

### Minor Health History

Environmental Education dates: \_\_\_\_\_

**For your child's protection and care, please complete this history accurately.**

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

Parent/Guardian Name(s) \_\_\_\_\_

Home \_\_\_\_\_  
Street City State Zip Phone

Business \_\_\_\_\_  
Street City State Zip Phone

Emergency Contact \_\_\_\_\_  
Name (Other than Parent) Relationship Phone

Family Physician \_\_\_\_\_  
Street City State Zip Phone

Date of most recent tetanus booster \_\_\_\_\_

Does your child have a history of (please check): If yes, please describe below.

	Yes	No		Yes	No
Allergies/ Asthma	___	___	Sleepwalking	___	___
Back ailments	___	___	Bed wetting	___	___
Diabetes	___	___	Homesickness	___	___
Seizures/Convulsions	___	___	ADD/ADHD	___	___
Blood Conditions	___	___	Heart Condition	___	___

Describe conditions here: \_\_\_\_\_

In the event of an insect sting, may we give your child **Benadryl (25mg)** as defined by our medical protocols?  
\_\_\_Yes \_\_\_No

Dietary restrictions or food allergies? \_\_\_Yes \_\_\_No If yes, please describe.

Operations/Serious Injuries? \_\_\_Yes \_\_\_No If yes, please describe and give date. Recovered?

Any limitations to physical activity? \_\_\_Yes \_\_\_No If yes, please describe.

For Adolescent Females: If this person has not yet menstruated has she been told about it? \_\_\_Yes \_\_\_No

Is there other information about your child that would be helpful for staff to know? Attach additional page if necessary.

**Please list all medications below.** The information listed here must match the prescription label on the medication package. If necessary, please attach an additional sheet for more medications and include all the same information as well as your child's name.

Medication _____	Dosage _____	Time Taken _____
Medication _____	Dosage _____	Time Taken _____
Medication _____	Dosage _____	Time Taken _____
Medication _____	Dosage _____	Time Taken _____

**1. Parental Permission and Consent: (Must Be Completed For Participation)**

This health history is correct and I give permission for \_\_\_\_\_ to participate in the St. Stephen's Environmental Education Program. If I am unavailable for purposes of providing parental consent, I hereby authorize the clinical staff of the local hospital to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my child. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the above dates of the Environmental Education program. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at the local hospital to perform any necessary emergency treatment. I/we agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I give permission for the St. Stephen's Staff to provide first aid treatment in accordance with their first aid training and Environmental Education Protocols for Non-Medical Personnel. A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**2. Release: (Must Be Completed For Participation)**

I, the undersigned, individually and as a parent(s) and guardian(s) of \_\_\_\_\_, a minor, do hereby agree to release, discharge, and hold harmless St. Stephen's Episcopal School, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Environmental Education Program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**3. Permission to Photograph: (Optional)**

I give my permission for my child to be photographed or taped while participating in Environmental Education programs. I understand St. Stephen's may use the images for program promotion. My child will not be individually identified without my permission.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date