



HIGHLANDS CENTER FOR NATURAL HISTORY

Thank you for enrolling your child in our program. In order to meet our standards of safety we require a completed medical form for each child. **Please fill out each section carefully, including the back page.** We look forward to having a wonderful and safe outdoor experience with your child!

This form must be returned prior to your child attending a program.

Today's Date: _____ Dates attending camp: _____

Child's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Program Child is registered in: _____

Mother or Guardian: _____

Father or Guardian: _____

Email Address: _____

Email Address: _____

Home Address: _____

Home Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contact(s) – Please provide in order of who should be contacted – for example if the camper is staying with someone other than the parent they should be listed as the primary contact:

Name: _____ Relationship: _____ Home Phone: _____

Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Other Phone: _____

The following person(s) may be dropping of or picking up my child from the center:

Name _____ Relationship _____ Phone _____

The following person(s) may not remove my child from the center:

I hereby give permission for my child to participate in all Highlands Center program activities. I understand that my child will be outside for most of the day exploring the forest, creek and other ecosystems of the Highlands Center and that participation in these activities involves inherent risks of physical injury or loss of personal property.

Signature of parent/guardian: _____ Date: _____

Medical Information

Is your child allergic to certain foods or other substances? If so, name foods or substances to be avoided and procedure to follow if reaction occurs. _____

Is your child subject to fainting, seizures, or convulsions, and what should be our procedure if one occurs? _____

Does your child have any physical condition that we should be aware of (heart trouble, foot problems, hearing impairment, hernia, etc.)? If so, what precautions need to be taken? _____

Is your child taking any medication? If so, will the medication need to be administered during our program? _____

Basic medical care is administered for minor scratches and/or bites and stings. Over the counter (OTC) brands that we may use include but are not limited to: Band-Aid, Neosporin ointment, Equate Triple Antibiotic ointment, topical Benydril, Anti-Itch cream, After Bite cream, Calamine lotion, and Hall's cough drops. Please list any specific OTC medications that you do NOT want administered to your child.

Please note: Students may NOT carry any kind of medication. It must be kept with a Highlands Center staff person and administered according to a doctor's or parent's instructions. All medication must be in the original container and show instructions. In the case of prescription medications, the doctor name and student name must also show. A parent or guardian must hand deliver the medication to a Highlands Center staff person at the start of the program.

Additional comments or other special instructions: _____

If medical care is necessary, call:

Doctor: _____ Address: _____
Phone: _____

Hospital: _____ Address: _____
Phone: _____

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as required at the time for the child's health and safety. I understand that I am responsible for all expenses of these services.

Parent or Guardian Name (Please print) _____

Date: _____

The enrollment and emergency information on this form was provided by: _____

Updated 2017