



**Pok-O-MacCready Outdoor Education Center**  
**HEALTH FORM AND PARENTAL PERMISSION**  
 (Required by the New York State Department of Health)

**SCHOOL NAME:** \_\_\_\_\_ **Dates of Stay:** \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

**Contact Information**

Student Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

**Health History (Check if Applicable)**

Frequent Colds \_\_\_\_\_ Stomach Aches \_\_\_\_\_  
 Frequent Sore Throat \_\_\_\_\_ Bronchitis \_\_\_\_\_  
 Frequent Ear Ache \_\_\_\_\_ Asthma \_\_\_\_\_  
 Sinusitis \_\_\_\_\_ Seizures \_\_\_\_\_  
 Other: \_\_\_\_\_ Diabetes \_\_\_\_\_

Date of Last Physical Examination: \_\_\_/\_\_\_/\_\_\_  
 Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_  
 Height: \_\_\_\_ ft. \_\_\_\_ in.  
 Weight: \_\_\_\_ lbs.

**Allergies (Bee Stings, Food, Medications/Drugs, other)**  
 Please describe allergy & reaction:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dietary Restrictions (Food intolerance, Religious, Vegetarian, other)**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medications** are being sent with my Child: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please include brand name, dosage, and pertinent instructions:

\_\_\_\_\_

**Health Insurance Company and Policy Number:** \_\_\_\_\_  
 Health Insurance Company telephone number: (\_\_\_\_) \_\_\_\_\_  
 Other information we should know about your child (recent illnesses, existing conditions, etc.):

\_\_\_\_\_

**Immunization Record (Required by the New York State Department of Health)**

|            |             |               |                              |
|------------|-------------|---------------|------------------------------|
|            | <u>Date</u> | <u>Date</u>   | <u>Date</u>                  |
| DPT Series | _____       | Measles _____ | Mumps _____                  |
|            | <u>Date</u> | <u>Date</u>   | <u>Date</u>                  |
| Polio      | _____       | Rubella _____ | <b>Tetanus Booster</b> _____ |

My child has completed all immunizations required by the state of: \_\_\_\_\_ to attend school: YES \_\_\_\_\_ NO \_\_\_\_\_

**Photo Release**

I **do not** grant permission for my child's picture to be used in the Outdoor Education Center's publicity, including www.pmoec.org.  
 If no, please initial \_\_\_\_\_

**Parental Permission**

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact the parents or guardian of the child named above. In the event that I cannot be reached, I hereby give my permission to the physician selected by the Pok-O-MacCready Outdoor Education Center to hospitalize, secure proper treatment for, and to order injections, anesthesia, and surgery for my child as named above. I also give my permission to the Pok-O-MacCready staff to provide First Aid treatment for my child to the full extent of their training and ability.

I UNDERSTAND AND CERTIFY that my child's participation at Pok-O-MacCready Outdoor Education Center and in its activities is voluntary, and I have familiarized myself with the Center's programs and activities. I recognize that hazards and dangers are inherent in certain of these activities, particularly, but not limited to, boating, contact sports, mountain biking, the low ropes course, rock climbing, snow tubing, ice climbing, and hiking and canoe trips (where children may be several hours from medical services). I further acknowledge that Pok-O-MacCready Outdoor Education Center has taken safety measures to minimize the risk of injury to students and that Pok-O-MacCready Outdoor Education Center cannot insure or guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries.

I hereby give my consent that \_\_\_\_\_ is able to participate in all of these activities except those that I list on the back of this form.  
 Student's Name

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date