



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:

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	_____	Tetanus Booster	_____

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