SEMPERVIRENS OUTDOOR SCHOOL
COUNSELOR MEDICAL AUTHORIZATION AND MEDICAL HISTORY

Name _____ School _____

SS# _____ Age _____ Birth date _____ Sex: Male Female

Home address _____ Home phone ( ) _____

Mother's name _____ Work phone ( ) _____

Father's name _____ Work phone( ) _____

If parents cannot be reached in case of emergency, please contact:

Name:_____ Day phone:_____ Evening phone_____

The following information is required to ensure that you child's individual needs are met while attending outdoor school. This information is confidential and will be made available only to those people who are directly responsible for your child's well-being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For the child's safety and well-being, no student will be allowed to attend without a completed and signed Consent Medical Authorization (see below).

Family Physician_____Phone( ) _____

Insurance Carrier_____Policy #_____

Insurance Address_____Phone( ) _____

Please check and fill out any information that the outdoor school staff should be aware of concerning your child.

- ❑ Asthma
- ❑ Hay fever
- ❑ Diabetes
- ❑ Headaches
- ❑ Convulsions
- ❑ Hypoglycemia
- ❑ Hyperactivity
- ❑ Allergies
  - _ Pollen/grasses
  - _ Dust/mold
  - _ Foods
  - _ Insect bite
- ❑ ADD/ADDH
- ❑ Bedwetting
- ❑ Sleepwalking
- ❑ Sleep talking
- ❑ Recent injuries
- ❑ Other_____

Please explain any medical or behavioral or emotional condition/reaction or other problems, including the boxes checked:_____

List ALL medications your child will bring and instructions for administering. Please send the medication in ORIGINAL containers:_____

Please list any dietary restrictions or allergies and the reactions your child has (i.e. food, allergies, lactose intolerance, vegetarian, etc.):_____

The Sempervirens Outdoor School staff has my permission to administer: Cold medicines Yes ☐ No ☐
Date of last tetanus shot ____/____/____ Tylenol Yes ☐ No ☐

(Name)_____has my permission to attend Sempervirens Outdoor School, a program of Exploring New Horizons, in conjunction with their regular school program. My child is in good health and I accept all financial responsibility for my child's attendance. IN CASE OF EMERGENCY, I hereby authorize the physician selected by the outdoor school to secure all proper and required treatment for the student listed. All expenses not covered by Exploring Hew Horizons' Camper Insurance Policy shall be paid for by the parent or guardian (pre-existing conditions are not covered: e.g. asthma).
I am granting permission for my child to attend Sempervirens Outdoor School as a cabin counselor. I agree that if my child is removed from the outdoor school for disciplinary reasons is my responsibility to arrange transportation home.

_____ _____ _____
Date Signature of parent/guardian Signature of counselor

Note: If your child requires specialized care or diet, please contact us as soon as possible so that we can make arrangements.