



# STUDENT MEDICAL HISTORY & AUTHORIZATION FORM

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female  Other

Home Address: \_\_\_\_\_  
Street City State Zip

Parent #1 Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents are:  Married  Divorced  Other Is there a primary custodian?  Both  Parent #1  Parent #2

Parents #1 Email: \_\_\_\_\_ Parent #1 Place of work: \_\_\_\_\_

Parents #2 Email: \_\_\_\_\_ Parent #2 Place of work: \_\_\_\_\_

**If parents cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

The following information is required to ensure that your child's individual needs are met while attending outdoor camp. 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 your child's safety, **no** child will be allowed to attend without a completed and **signed** Consent Medical Authorization (see below). **Date of Last Physical**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Group ID # \_\_\_\_\_

Please check the appropriate boxes below and fill out ANY information that the outdoor school staff should be aware of concerning your child.

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Food Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Autism Spectrum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Peanut/Tree Nut	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____							

Please explain any medical, physical or emotional condition/reaction or other problem(s) that we need to be aware of during program. Provide information about recent injuries, activity restrictions or mental or emotional health concerns we should be aware of, including any boxes checked:

**I authorize the following medications to be administered in case of emergency:**

Benadryl  Yes  No

Epinephrine  Yes  No

**WAIVERS** *Note: Statements in this section cannot be altered, edited, or crossed out in any way. If one section of this agreement is deemed unreasonable, all other sections will continued to be enforced.*

**A. PHOTOGRAPH AUTHORIZATION:** I agree that any photographs and videos taken by any Exploring New Horizons (hereinafter referred to as "ENH") personnel shall be the property of ENH, and may be used by ENH at its discretion for any publicity, marketing, social web media and/or advertising purposes, and I hereby consent to and authorize such use without restriction or compensation. **I agree Initials:** \_\_\_\_\_

**B. FUTURE CONTACT:** I understand I will receive future communications and information from ENH regarding activities and events that are in line with its organizational mission and for the student and for the family. **I agree Initials:** \_\_\_\_\_

**C. RISKS:** I am fully aware of risks and hazards connected with the activities of ENH, the risk of which may include but are not limited to risks associated with hiking, tide pooling, and transportation to and from sites, and I hereby elect and/or elect participant to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to participant and participant's property. ENH is an outdoor program. Students will be outdoors majority of their days and will be exposed to all weather that they may encounter during their time at ENH.

**D. BEHAVIOR:** I recognize that my child must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies may cause for your child's dismissal from program. In the event that a decision is made by an ENH staff that a student should be sent home, it will be the responsibility of the parents to arrange transportation.

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Signature of Parent/Guardian

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Date

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Name of Parent/Guardian *(Please Print)*