



Raven's Wood Outdoor School for Renegades

Emergency & Health Form

Please fill out one form for EACH child applying for camp programs.

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

Parents/Guardians: _____

Local Address: _____

During program hours: Phone 1: _____ Phone 2: _____

Date of last immunization for tetanus _____ Is your child allergic to bee stings? YES _____ NO _____ NEVER BEEN STUNG _____

In the event that your child experiences an allergic reaction, do you grant permission to administer Benadryl to your child? YES _____ NO _____

If applicable, I also grant permission to administer the EPI-PEN that I (the parent) have provided. () YES () NO

I give consent for my child to receive the following as needed: Ibuprofen Acetaminophen Insect repellent

If your child is currently taking medication, do you request and grant permission to administer it? () YES () NO

Please state medication(s), dosage and interval. PLEASE BE CLEAR AND SPECIFIC:

Please specify any medical concerns or special needs for your child. We would like to know how best to provide support, including how to relate with him/her and what accommodations, if any, will be needed. Please attach special care plans and indicate if another adult is needed (provided by you) to regularly assist your child during camp. Check all that apply and explain in detail:

Medical Problem Allergies Dietary Restrictions Physical Limitations Behavioral Concerns Aide Required Other

IN CASE OF AN EMERGENCY

Name of Child's Physician: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Insurance Provider: _____ Account #: _____

Name of Primary Account Holder: _____ Group #: _____

If a parent/guardian cannot be contacted in an emergency, please contact:

Name: _____ Relationship: _____

Phone: (during program hours): _____

I hereby authorize any additional medical treatment deemed necessary in the event of emergency or injury:

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Typing your name here represents your signature