

**GENESIS ACCOUNT AMERICAN OUTDOOR SCHOOL
STUDENT HEALTH AND WAIVER FORM**
(To be completed by parent or guardian)

Name of school _____ Date of Program _____
Student Name _____ Birth date ____/____/____ Age ____ Sex ____
Home Address _____ City _____ State _____ Zip _____
Guardian's Name _____ Relation: _____
Home Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____
Medical Plan _____ Medical Plan Number _____
Group Number _____ Medical Authorization phone# (____) _____
In case of emergency and guardians cannot be contacted, please call: (relatives, neighbors or friends)
Name _____ Phone (____) _____

Circle any of the following, which have been a health problem and explain:
Frequent colds or sore throat; Fainting; Heart, kidney or lung trouble; Convulsions; Diabetes;
Tuberculosis; Bedwetting; Sleepwalking; Asthma
Explain _____
Describe any recent exposure to contagious diseases. _____
Have there been any serious operations, injuries, or illness in the last six months? yes____ no ____
Explain _____
Does the student have any allergies (Medications, Insects, Food)? yes____ no ____
Specify _____
Is the student taking any medication to be continued at outdoor school? yes____ no ____
Specify _____
When did the student have last tetanus booster shot? _____
Is there anything concerning general health of the student (not listed above) that would be helpful for
us to know?

In case of emergency, I understand that every effort will be made to contact parents or guardian of student. In the event that the school staff is unable to contact the person named above, I hereby grant authority to the school staff to take such measures as they deem appropriate and give permission to the physician they select to hospitalize, secure proper treatment for, and to order injections, anesthesia, x-ray examination or surgery for my child as named above. I understand that Genesis Account and the camp do not provide medical treatment. I realize that insurance protection is my responsibility.
I hereby release Genesis Account and the camp from any and all liability for loss, injury, death, or any other claim whatever to the student while participating in activities sponsored by Genesis Account.

Image Release: media capturing my child's image may be used or printed by GA/AOS.

My child's image may be used My child's image may not be used

Releasor Signature _____ Date ____/____/____