

# American Outdoor Schools



## 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

If yes please 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 *American Outdoor Schools* and the camp do not provide medical treatment. I realize that insurance protection is my responsibility.

I hereby release *American Outdoor Schools* 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 *American Outdoor Schools*

- Image Release: media capturing my child's image may be used or printed by *American Outdoor Schools*. My child's image, excluding his or her name, may be used in on-line photos and videos.  yes  no

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_