

# Health Form for Stratford Ecological Center 2021

Name of Child: \_\_\_\_\_

Program Attending \_\_\_\_\_

Parent email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_ Gender: F or M

## **Health History**

Please  $\checkmark$  if your child has any of the following conditions:

\_\_\_\_\_ Heart Defect/Disease      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Asthma

\_\_\_\_\_ Convulsions/Epilepsy      \_\_\_\_\_ Bleeding/Clotting Disorders      \_\_\_\_\_ HIV/AIDS

Pre-existing injuries or conditions, disabilities, chronic illness or pains: \_\_\_\_\_

Specific activities limited by physician's advice: \_\_\_\_\_

**Allergies**      \_\_\_\_\_ Food allergies      \_\_\_\_\_ Bee Stings      \_\_\_\_\_ Other \_\_\_\_\_

If you have concerns about allergies please contact April Hoy, 740-363-2548

FYI- Our chicken feed includes soy

## **Medications**

Please list any relevant medications your child is taking \_\_\_\_\_

Please list the medications your child will need to be given *while at Stratford*: \_\_\_\_\_

## **Other**

Please list any other information you think we should know regarding your child: \_\_\_\_\_

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**Emergency Contacts**

Parent or Guardian Name (primary contact): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent or Guardian Name (secondary contact): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Emergency Contact (other than above): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the case of serious accident/injury, I hereby give permission to the above emergency contacts, and/or Stratford Ecological Center, to hospitalize or secure proper treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Understanding**

COVID-19 - Due to the contagious nature of COVID-19, by attending this program you assume the risk of exposure. Stratford is working closely with the local Delaware General Health District and following the State of Ohio guidelines to minimize risk of exposure. However, there is the possibility of exposure.

Outdoor activity in general has inherent risks associated with it that has the potential for injury to people and damage to property. The Stratford Ecological Center is attempting to take all necessary precautions to assure that the risks are minimized as much as possible. Parents should be aware that:

- People with hay fever and allergies to animals may be very uncomfortable.
- We maintain beehives and there is a high level of insect activity on our farm.
- The children will be hiking in the forest and, however cautious we may be, there is always the possibility of injury.

As the legal guardian for (insert child’s name) \_\_\_\_\_, I release the Stratford Ecological Center, its staff, volunteers and owners of the premises from all liability and for all loss or damages to the above named child or their property. I further release the Stratford Ecological Center and its staff, volunteers and owners of the premises from any claim whatsoever on account of First Aid treatment or assistance rendered to the child during their participation in Farm School.

I have carefully read the above release and understand and know its contents and sign this as legal guardian of the above named child.

*I give SEC permission to use photos of my child in promotional material.*

Yes \_\_\_\_\_ No \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_