



Health & Emergency Contact Form

Name of Child: _____

Program Attending: _____

Parent e-mail: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Child Date of Birth: _____ Gender: F or M

Health History

Please 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

Child Name: _____

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

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 materials: yes _____ no _____

Dated: _____

Signed: _____