



## Health & Emergency Contact Form

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child First and Last Name: \_\_\_\_\_

Does your child prefer to be called a different name? If so, list here: \_\_\_\_\_

Child Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

### Primary Contact

Parent/Guardian First & Last Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Additional Emergency Contacts

Secondary Contact First & Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Alternate Contact First & Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

In the case of a 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Transportation

Stratford Ecological Center has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Yes      No

If no, where would you like your child transported? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Health History**

Please circle "Yes" or "No" for each statement.

Ever been hospitalized?	Yes No	Had asthma/wheezing/shortness of breath?	Yes No
Ever had surgery?	Yes No	Ever had back/joint problems?	Yes No
Passed out/had chest pain during exercise?	Yes No	Have diabetes?	Yes No
Have recurrent/chronic illnesses?	Yes No	Have a history of bedwetting?	Yes No
Had mononucleosis during the past 12 months?	Yes No	Had seizures?	Yes No
Had a recent infectious disease?	Yes No	Have problems with diarrhea/constipation?	Yes No
Have problems with periods/menstruation?	Yes No	Had headaches?	Yes No
Had a recent injury?	Yes No	Have any skin problems?	Yes No
Had fainting or dizziness?	Yes No	Wear glasses, contacts, or protective eyewear?	Yes No
Problems with falling asleep/sleepwalking?	Yes No		

Please explain "Yes" answers in the space below, including any details that would be needed to assist the staff or medical personnel in an emergency.

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Do any of the above special health or medical conditions require camp staff to perform child specific care during camp. Including monitoring your child for symptoms or administering medication during camp hours?

Yes    No

Please explain "Yes" answers in the space below, including any details that would be needed to assist the staff or medical personnel in an emergency.

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**Medications**

Please list all medications your child is taking:

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Please list the medication(s) Stratford Staff will be required to administer while in our care. Please note a separate form is required for medication administration.

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**Allergies**

Please list all known allergies, including but not limited to food, medications, and environmental allergies (bee stings, hay fever, etc.)

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Does your child's allergy/allergies require childcare staff to monitor your child for symptoms, act if a reaction occurs, or give emergency medication to your child?

Yes    No

Please explain "Yes" answers in the space below, including any details that would be needed to assist the staff or medical personnel in an emergency.

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**Sunscreen**

If a child provides their own sunscreen, SEC staff may assist with application (check one). We will follow manufacturer's guidelines regarding application.

Yes    No

**Mental, Emotional, and Social Health**

Does your child have any emotional, developmental, or behavioral diagnoses that would be helpful for us to know? Providing this information will help us ensure that your child has a positive experience at Farm Camp.

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Does your child have any fears that we should be aware of (i.e. bees, spiders, snakes, etc.)?

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Does your child have any sensory sensitivities that we should be aware of (i.e. loud noises, aversion to smells, etc.)?

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**Behavior Policy**

Stratford Ecological Center is committed to providing a safe, fun, welcoming, inclusive, and engaging environment for all learners. Camp experiences are dynamic and customized based on each group's needs. All camp participants are expected to be respectful, kind, and safe.

Please support Stratford's camp staff in support your child's camp experience by pro-actively providing details to Stratford Camp's Director, Emily Kridel, about behavior management tools or strategies successfully employed at home or at school so that those methods can be replicated at Farm Camp if needed.

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**What have we forgotten to ask?**

Please provide in the space below any additional information about your camper that you think important or that may affect the camper’s ability to fully participate in the camp program. Please list any other information that would help Stratford camp staff deliver a positive, safe, welcoming, and inclusive experience for your child and their fellow campers.

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**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 uncomfortable.
- We maintain honey 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 educational programming. I have carefully read the above release and understand and know its contents and sign this as legal guardian of the above-named child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photo Release**

I give Stratford my permission to use photos of my child in promotional materials (check one):      Yes      No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Stratford Camp Staff**

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