Health History Form for Children- 2017 **Child's Name**_____

Schiff Summer Nature Programs for Kids Program Date(s) _____

339 Pleasant Valley Road Mendham, NJ 07945 _____

The information on this form is gathered to assist us in identifying appropriate care for your child should an emergency arise and is kept confidential by Schiff Natural Lands Trust personnel. Any changes to this form should be provided upon the participant's arrival. Please provide complete information so that we are aware of your child's needs.

Child's Name _____ Birth Date_____ M F
First Last Middle Initial

Home address_____
Street City Zip

Custodial Parent/Guardian _____Home address_____
(If different from above) Street City Zip

Home Phone_____ Cell Phone _____ Email _____

Emergency Contact_____Phone_____
First Last Middle Initial

Home address_____
Street City Zip

Relationship to child_____

Authorized Alternate Pickup(s) _____ Phone _____

ALLERGIES
(List and describe item, reaction, and management of the reaction)

Food allergies _____

_____

Other allergies–include insect stings, hay fever, asthma, animal dander, etc. _____

_____

MEDICATIONS

Please list ALL medications taken routinely. Attach additional pages if necessary. **SCHIFF NATURAL LANDS TRUST PERSONNEL WILL NOT BE RESPONSIBLE FOR ADMINISTERING ANY MEDICATIONS.**

_____My child **takes NO medications** on a routine basis. **OR** _____My child **takes medications** as follows:

Medication_____ Dosage _____

Reason for taking _____

Med ication_____ Dosage _____

Reason for taking _____

GENERAL QUESTIONS (Explain any "yes" answers)

Has/does the participant:	Yes	No	Explanation
1. Had a recent injury, illness, or infectious disease?	___	__	_____
2. Have chronic or recurring illness/condition?	___	__	_____
3. Have frequent headaches?	___	__	_____
4. Ever had a head injury or been knocked unconscious?	___	__	_____
5. Wear glasses, contacts, or protective eyewear?	___	__	_____
6. Ever been dizzy or passed out during/after exercise?	___	__	_____
7. Ever had seizures?	___	__	_____
8. Ever had chest pain during/after exercise?	___	__	_____
9. Ever had problems with joints (e.g. knees, ankles)?	___	__	_____
10. Have any skin problems (eczema, rash, acne)?	___	__	_____
11. Have an orthodontic appliance?	___	__	_____
12. Have diabetes?	___	__	_____
13. Have asthma?	___	__	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Schiff Natural Lands Trust personnel should be aware. _____

_____

_____

_____

Parent/Guardian Authorizations:

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all program activities except as noted *. I hereby give my permission to the Schiff Summer Programs for Kids instructors to provide routine first aid and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the instructors to arrange necessary transportation for my child in the case of an emergency. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the instructors to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian _____ Date _____

Printed name _____