

Health History Form for Children 2020

Child's Name _____

Schiff Summer Nature Programs for Kids

Program Date(s) _____

339 Pleasant Valley Road Mendham, NJ 07945

Parents: You DO NOT have to take this form to your doctor. Please complete the form yourself so that we can identify and respond with appropriate care for your child should an emergency arise. The information on this form is gathered and kept confidential by Schiff Natural Lands Trust personnel.

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/all allergies _____

MEDICATIONS (*Please list ALL medications taken routinely. Attach additional pages if necessary*)

SCHIFF NATURAL LANDS TRUST STAFF 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 _____

Medication _____ Dosage _____

Reason for taking _____

SCHIFF NATURAL LANDS TRUST STAFF WILL NOT BE RESPONSIBLE FOR PROVIDING MODIFACATIONS AND SUPPLEMENTARY AIDS AND SERVICES FOR CHILDREN WHO HAVE DOCUMENTED NEED FOR SUCH IN THEIR LEARNING ENVIRONMENT. *Parents are responsible to provide accommodations in the same manner as their learning environment.*

MODIFACATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE CLASSROOM (*Please describe any/all modifications documented in your child's IEP in their learning environment. Attach additional pages if necessary.*)

_____ My child **requires NO accommodations** in their learning environment. **OR** _____ My child **requires accommodations only in particular situations.**

Description of modification _____

Reason for modification _____

Situations requiring modifications for my child _____

GENERAL QUESTIONS (Explain any "yes" answers)

Has/does the participant:	<u>Yes</u>	<u>No</u>	<u>Explanation</u>
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 Nature 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 _____