

OMSI Outdoors Health and Medical Form

All students and adults participating in OMSI Outdoors programs must fill out this form completely. Return this form to your teacher/group leader as early as possible. **PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.**

Note: teachers and chaperones are responsible for all medical issues at OMSI Outdoor Science School. A health officer (usually the teacher) is responsible for all medical and insurance information for each student and adult, and for collecting all medication and ensuring that each student receives medications as prescribed.

Participant Information

Participant Name: _____ DOB and Age: _____

Parent/Guardian: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City, State, Zip: _____ Home Email: _____

Work Email: _____

Emergency Contact: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Health and Medical History

Please check if participant is subject to the following and include an explanation.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee sting allergy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Cardiovascular diseases | <input type="checkbox"/> Night terrors | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Other |

• Explanation: _____

• List all current medications, time(s) taken, and for what condition(s): _____

• List any allergies to medications, the reaction, and the severity: _____

• Date of last tetanus inoculation. MUST BE WITHIN LAST 10 YEARS. (If your child was immunized before attending school, they received a tetanus shot at age 5.): _____

• List any dietary restrictions (please be specific e.g., vegetarian, no pork, etc.): _____

• List allergies to any foods, the reaction, the severity, and the amount tolerated (e.g., "no raw milk but ok in baked goods"): _____

Do you authorize the health officer to dispense over the counter drugs, such as Tylenol, Advil, or Benadryl if you are not reachable to give immediate permission? Yes No

Provider Information:

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Agent Name: _____

Insurance Address: _____ Policy Number: _____

City, State, Zip: _____

My child has my permission to participate in all sessions and field trip activities. I am this child's parent or legal guardian, who is under the age of 18 years and who wants to participate in OMSI's programs. In consideration of my child's or ward's participations in the programs, I hereby release, waive, and discharge OMSI, and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or ward or to any person or property arising out of participation in the program, whether on OMSI's premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of OMSI or any of the individuals listed above.

Adult Participant or Parent/Guardian Signature: _____ **Date:** _____