

SCHOOL NAME: _____ **Dates coming:** _____ **Cabin Leader** _____ **or Student** _____ **(Check one)**
HEARTLAND EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION FORM

Student's Name: First: _____ Last: _____ Date of Birth: _____ Sex (circle one): M F
 Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____
 Parent or Legal Guardian(s) Name(s): _____
 Work Phone Number (Dad): _____ Work Phone Number (Mom): _____
 Cell Phone Number (Dad): _____ Cell Phone Number (Mom): _____
 Emergency Contact (If Parent or Guardian cannot be reached) Name: _____ Relation to Student: _____ Phone: _____
 Medical Insurance Company: _____ Policy Number: _____

Heartland maintains a supply of commonly used over-the-counter medications for first aid treatment. Please DO NOT send bottles of Tylenol, Advil, Cough drops, Band-Aids, etc. We highly recommend sending specific over-the-counter medications if your child can only have a specific brand due to allergies or medications.

Due to Federal and State Law ALL medications must in the name of the student taking the medication and be in their original packages (prescriptions in the prescription bottle, Tylenol in the Tylenol bottle, herbs in the bottle that they were originally bought in). All prescription medications must have the prescription label. If you have an inhaler, the box with the label must come with it. **We can not give the prescription medication without the label.** If the dose or times have changed from the label on the bottle, we must have a note with the changes on it and the doctor's signature.

Please list any medications that your child will be taking while at camp (if more space is needed, please use the back of this form).

Name of Med	Dose	Reason for Med	When Taken
example: Accolate	1 pill, 2 times a day	Asthma	Breakfast, Dinner

If you need more room for the medications or health history, please use the back side. Thanks!

Health History: (please check if applicable)
 ___ Convulsions/Seizures ___ Bedwetting ___ Diabetes ___ Migraines
 ___ Frequent ear infections ___ Behavioral disorders ___ Asthma ___ Sleepwalking
 ___ Headaches-mild ___ Emotional Disorders ___ Bleeding/Clotting Disorders
 Please list any Current Infectious Diseases: _____

Date of last Tetanus Booster: _____
 Please, List Any Other Potential Health Problems

Immunization History:

Immunizations up to date according to your state requirements: ___ Yes ___ No

Allergies: (please check if applicable)
 ___ Bee stings ___ Poison Ivy (severe reaction) ___ Seasonal/Hay Fever ___ Environmental
 ___ Animal allergies (please list) ___ Food allergies (please list) ___ Medication allergies (please list)

REQUIRED FOR EACH YOUTH CAMPER: I HEREBY GIVE PERMISSION TO HEARTLAND, LICENSED BY THE STATE OF OHIO AND MORROW COUNTY, TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT. ALSO TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL CARE FOR THE MINOR CHILD NAMED ABOVE WHILE ATTENDING CAMP. I RELEASE ALL PHOTOS, VIDEO AND AUDIO TAPES OF MY CHILD TO HEARTLAND FOR PROMOTIONAL PURPOSES SUCH AS BROCHURES, VIDEO, WEB PAGES, ETC. I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITIES INCLUDED IN THE OUTDOOR ENVIRONMENTAL EDUCATION EXPERIENCE AND ACCEPT ANY RISKS INVOLVED IN HIS OR HER PARTICIPATION AS WELL AS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY OR LOSS SUSTAINED DURING THE ACTIVITIES AND HOLD HEARTLAND AND OUTDOOR ENVIRONMENTAL SCHOOL HARMLESS FOR SUCH INJURY OR LOSS ARISING DIRECTLY OR INDIRECTLY FROM SAID ACTIVITIES.

I certify that this information is true to the best of my knowledge.

Parent or Legal Guardian Signature _____ Date _____