

Keewaydin Environmental Education Center

**** Please fill out both sides. ****

REGISTRATION INFORMATION

Name of Child _____ DOB _____ Age _____ Child's weight _____
Address _____ Home # _____
Parent Name _____ Work/Cell _____
Parent Name _____ Work/Cell _____
Family Doctor _____ # _____ Teacher _____
Emergency Contact (other than parent) _____ Relationship _____
Home # _____ Work/Cell # _____

GENERAL HEALTH INFORMATION

1. Does your child have any food, drug, or environmental allergies? Is your child allergic to bees? _____ If yes, what kind (be specific)

2. Does your child have any dietary restrictions? If yes, please list: _____

3. Is there any factor that limits your child from any form of physical activity, i.e., heart condition, recent fractures, major surgery?
_____ If yes, in what way? _____

4. Has your child had recent operations, serious injuries, or exposure to any communicable disease? _____ If so, when?

5. In efforts to protect your child's privacy and to minimize possible embarrassment, we like to know some of these things:
Does he/she wet the bed at night? _____ Does he/she sleepwalk? _____ Significant fears (i.e. heights, the dark)? _____
Is there anything else we should know? _____
6. Please list any chronic or recurring illness: _____

7. Date of last Tetanus shot: _____
8. Are there any medical treatments or procedures that will need to be performed during your child's week at KEEC? _____
If yes, please explain: _____

9. Has your child been diagnosed with asthma? _____ If yes, what are his/her triggers? _____
Does your child take any medication for asthma? _____ (please list medication(s) on next page)

10. If your child is bringing any medications to camp, i.e. daily meds, inhalers, or Epipen, you must fill in the information below.

If your child is bringing more than 2 medications, please provide the requested information below on a separate sheet of paper, with your signature.

Name of Medication 1) _____	
Amount of each dose _____	mg
Dosage to be given to child _____	mg
Frequency _____	of _____ Medication _____
Time(s) Medication _____	is _____ given _____
Reason for Medication _____	

Refrigeration needed? _____	

Name of Medication 2) _____	
Amount of each dose _____	mg
Dosage to be given to child _____	mg
Frequency of Medication _____	
Time(s) Medication is given _____	
Reason for Medication _____	

Refrigeration Needed? _____	

*****Please only send enough medication for your child while he/she is at here KEEC. Any medications brought to Keewaydin must be in the original container, which will be returned to you after their visit. Instructions from parents and those on the bottle need to be the same. If your child starts a new medication or there is a change to dosage, please provide documentation from the doctor about these changes. Unless explicitly directed otherwise, your child will receive medication at our normal times: Morning Meal (7:30 am), Lunch (12:30 pm), Dinner (5:30 pm), and Bed Time (9:00 pm). *****

11. If necessary, my child may be given (please write YES or NO):

Tylenol _____ Ibuprofen _____ Tums _____ Throat lozenges _____
Robitussin DM-type cough syrup _____ Benedryl (for allergic reactions) _____

*****Please do not send any of the above-mentioned “over-the-counter” type medicines to camp with your child. We provide these as needed while students are at KEEC. *****

It is necessary that Keewaydin and the school authorities know your child’s physical condition. If you have any doubt that your child is in good health, have him/her checked by the family doctor and forward the report to the school.

In the event I cannot be reached in an emergency, I hereby give permission to the camp director or medical personnel appointed by the camp physician to secure and administer treatment, including hospitalization, which they deem necessary, for the below named child.

I hereby give permission for my child to take the medication listed above.

I hereby register my child for a residential, outdoor environmental education program at the Keewaydin Environmental Education Center in Salisbury, Vermont. Permission is granted to use, for publicity purposes only, any photographic or video images in which my child appears.

Student Name _____

Print Parent or Guardian Name _____

Parent or Guardian Signature _____ Date _____