

WEB OF LIFE FIELD SCHOOL

TEACHER/CHAPERONE MEDICAL HISTORY FORM

Name _____ (M F) Birthdate _____ Age _____
Last First

Address _____ City _____ ZIP _____

School _____ Teacher _____

The following information is required to ensure that your needs are met while attending the WOLF School. Information is confidential and will be made available only to those who are directly responsible for your well-being. In the event of an emergency, every effort will be made to contact the designated individual. **For your safety and well being, NO ONE will be allowed to attend without a completed and signed Medical History Form.** Medications may not be stored in your cabins. They must be stored in a secure location (i.e. locked in your car). **X =Signature required.**

Emergency Contact _____ Relationship _____

Home Ph.# _____ Work Ph.# _____ Alt. # _____

If first emergency contact cannot be reached, please contact:

Alternate Contact _____ Relationship _____

Home Ph.# _____ Bus. Ph.# _____ Alt. # _____

Family Physician _____ Phone _____

Health Insurance Co. _____ Policy # _____

Address _____ City _____ Zip _____

Health Information

Please list any physical or behavioral conditions that the school staff should be aware of, i.e., sleepwalking, epilepsy, fainting, asthma, hyperactivity, nose bleeds, etc. Attach an extra sheet if necessary. Please be specific.

Are you allergic to any foods, medications or insect bites? (Y N) If 'yes' then please specify nature of allergies:

Are you **allergic to bees**? (Y N) allergic to nuts? (Y N) Carrying an epipen? (Y N) Possible reactions: _____

_____ Date of last tetanus shot: _____ Recent surgery or illness _____

Attach an extra sheet for additional information regarding allergies, possible reactions or other necessary information.

I agree that any photographs of my child/myself taken by any WOLF School staff or others authorized by them, or any photographs, video, writing, artwork and/or testimonials submitted by my child/myself to the WOLF School shall be the property of the WOLF School and may be used by the WOLF School and others authorized by them at its discretion for any publicity, marketing and/or advertising purposes, and I hereby consent to and authorize such use without restriction.

X Signature _____ Date _____

X Parent/Guardian Signature (for chaperones under 18 years of age) _____

My child/ward, _____ has my permission to attend the Web of Life Field School. I accept all financial responsibility for my child/my own attendance. **IN CASE OF MEDICAL OR SURGICAL EMERGENCY, I hereby authorize the physician selected by the Program Director to secure all proper and required treatment for my child/myself.**

X Signature _____ Date _____

XParent/Guardian Signature (if under 18 years of age) _____ Date _____