

Health & Wellness Form

Youth Activities

Saint Mark's Episcopal Church 2151 Dorset Road Columbus, Ohio 43221

614-486-9452 614-486-4023(FAX) SaintMarksColumbus.org

Child's Name _____

In case of emergency, notify:

Name _____ Relationship to child _____

Work phone _____ Cell phone _____ Home phone _____

Name _____ Relationship to child _____

Work phone _____ Cell phone _____ Home phone _____

Family dentist _____ Phone _____

Family physician _____ Phone _____

Health insurance co _____ Phone _____

Policy Group # _____

Is authorization needed for emergency treatment? Yes _____ No _____

If yes, phone _____

Is there anyone legally restricted from seeing this child? Yes ___ No ___ Name _____

In case of medical emergency, I understand every effort will be made to contact a parent or legal guardian. In the event one cannot be contacted, hereby give my permission to the dentist or physician designated above to hospitalize, secure treatment and/or order injection, anesthesia or surgery necessary. I hereby give permission to the representatives of Saint Mark's Episcopal Church, as part of the camping experience in 20__ to transport my child in private automobiles and/or vans. I realize that paid staff as well as volunteers may operate private vehicles. I hereby release and waive any claim I may have for injuries to said minor child including claims for medical treatment expenses for said minor child against any such person and Saint Mark's for their failure to exercise due care in transportation to and from and participation in any field trips. I do not waive or release claims that may arise from intentional, wanton or willful misconduct by such staff or volunteers.

This child has permission to engage in all prescribed activities EXCEPT as noted. _____

This child agrees to abide by the restrictions placed on his/her activities.

We are not equipped to handle special diets. But we can provide vegetarian options if we know in advance.

Is child a vegetarian? Yes _____ No _____

If child has ASTHMA, he/she must bring a rescue inhaler OR a letter from child's health care provider stating child does not need a rescue inhaler.

Does child have medical allergies? If yes, describe: _____

Does child have food allergies? If yes, describe _____

Those taking medications must provide in plastic, daily dose containers with daily meds already dosed. Place in zip-lock plastic bag with the child's name. Medication and dosage can be enclosed in the bag.