

Crow's Path | Health Form



Please complete and send along with the safety release form at least 2 weeks prior to the start of the program in which you are enrolled to:

email: info@crowspath.org or

post: Crow's Path c/o Nina O'Connor
1560 Jericho Rd, Richmond VT 05477

Emergency & Health Information

**Required Fields

Child's Name:	
Program Dates	
Birth Date:	My child's gender is:
Parent(s) /Guardian(s) name(s):	
Local address:	
City	Zip:
Phone during program hours:	Phone #2:
Email address:	

Health Information

Date of last immunization for tetanus:
Is your child allergic to bee stings? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HAS NEVER BEEN STUNG
I give consent for my child to receive the following as needed (please circle) Ibuprofen Insect repellent Sunscreen
If your child is currently taking medication, do you request and grant permission to administer it? <input type="checkbox"/> YES <input type="checkbox"/> NO Please state medication(s), dosage and interval:
Does your child have any food or other allergies?

In case of an emergency

Name of Child's Physician		Phone:
Insurance provider:	Account #:	
Name of Primary Account Holder		
If a parent/guardian cannot be contacted in an emergency, please contact:		
Name:	Relationship::	
Phone during program hours:	Phone #2:	
In the event that your child experiences an allergic reaction, do you grant permission to administer Benadryl to your child? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If applicable, I also grant permission to administer the EPI-PEN that I have provided. <input type="checkbox"/> YES <input type="checkbox"/> NO		

I hereby authorize any additional medical treatment deemed necessary in the event of emergency or injury:

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Program Logistics

Do you give permission for your child to swim under the supervision of certified lifeguards? <input type="checkbox"/> YES <input type="checkbox"/> NO
My child's swimming ability is (circle one): Cannot Swim Beginner Intermediate Advanced
We welcome additional comments on your child's swimming ability or comfort in or near the water:

Road Safety

I hereby agree to the following guidelines and will communicate them to relatives or friends should they drop-off or pick up my child(ren) for this program.

- Rock Point's speed limit is 15 MPH and reduced speeds are expected near buildings and parking lots.
- There is no passing of moving vehicles.
- All program participants are expected use the main entrance to Rock Point and park at the public lot across from Rock Point's office building. Visitors must check in at office for access.
- Reserve marked parking spaces for Rock Point staff

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CONSENT AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless Crow's Path from any and all liability, costs and expenses on account of personal injury or property damage arising from my child's participation in Crow's Path programs.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Please return this form as soon as possible:

info@crowspath.org

or

Crow's Path c/o Nina O'Connor
1560 Jericho Rd, Richmond VT 054771