

## **Keewaydin Environmental Education Center**

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### **REGISTRATION INFORMATION**

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Child's weight \_\_\_\_\_  
Address \_\_\_\_\_ Home # \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_  
Family Doctor \_\_\_\_\_ # \_\_\_\_\_ Teacher \_\_\_\_\_  
Emergency Contact (other than parent) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_ My family has medical insurance: yes \_\_\_ no \_\_\_

### **GENERAL HEALTH INFORMATION**

1. Any food or drug allergies? \_\_\_\_\_ If yes, what kind (be specific)  
\_\_\_\_\_
2. Does your child have any dietary restrictions? If yes, please list:  
\_\_\_\_\_
3. Has your child been exposed to any communicable disease in the past 21 days? \_\_\_\_\_ If yes, what?  
\_\_\_\_\_
4. Is there any factor that makes it advisable for your child to follow a limited program of physical activity, i.e., heart condition, recent fractures or surgery, significant fears? \_\_\_\_\_ If yes, in what way?  
\_\_\_\_\_
5. In order to protect your child from possible embarrassment, this information is needed:  
Does he/she wet the bed at night? \_\_\_\_\_ Does he/she sleepwalk? \_\_\_\_\_  
Is there anything else we should know?  
\_\_\_\_\_
6. Please list any operations or serious injuries/date:  
\_\_\_\_\_
7. Please list any chronic or recurring illness:  
\_\_\_\_\_
8. Are there any medical treatments or procedures that will need to be performed during your child's week at KEEC? Please explain:  
\_\_\_\_\_

9. Has your child been diagnosed with asthma? \_\_\_\_\_ What are his/her triggers? \_\_\_\_\_  
Does your child take any medication for asthma? \_\_\_\_\_ (please list medication below)

10. Date of last Tetanus shot: \_\_\_\_\_

11. If your child is bringing any medications to camp, i.e. daily meds, inhalers, or EpiPen, you must fill in the information below.  
**PLEASE ONLY SEND THE AMOUNT OF MEDICATION YOUR CHILD WILL NEED FOR THE WEEK AT KEEC, PLUS ONE OR TWO EXTRA DOSES. PLEASE SEND IT IN THE ORIGINAL PACKAGING.**

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? \_\_\_\_\_

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

**\*\*\*ANY MEDICATIONS BROUGHT TO KEEWAYDIN MUST BE IN THE ORIGINAL CONTAINER. INSTRUCTIONS FROM PARENTS AND THOSE ON THE BOTTLE NEED TO BE THE SAME. IF YOUR CHILD STARTS A MEDICATION AFTER THIS FORM HAS BEEN FILLED OUT, PLEASE PROVIDE THE ABOVE INFORMATION WITH THE NEW MEDICATION. YOUR CHILD, UNLESS EXPLICITLY DIRECTED OTHERWISE, WILL RECEIVE MEDICATION AT OUR NORMAL TIMES WHICH ARE: AT MORNING MEALS (8:00 AM), AFTERNOON MEALS (12:30PM), EVENING MEALS (6:00 PM), AND BED TIME (9:00 PM). \*\*\***

11. If necessary, my child may be given (please answer YES or NO): Tylenol \_\_\_\_\_ Tums \_\_\_\_\_ Ibuprofen \_\_\_\_\_  
Benedryl for bee sting or strong reaction to insect bite \_\_\_\_\_ Throat lozenges \_\_\_\_\_  
Robitussin DM-type cough syrup \_\_\_\_\_

**\*\*\*PLEASE DO NOT SEND ANY OF THE ABOVE MENTIONED "OVER-THE-COUNTER" TYPE MEDICINES TO CAMP WITH YOUR CHILD. WE PROVIDE THESE AT KEEC. PLEASE ONLY SEND NON- PRESCRIPTION MEDICINE WITH YOUR CHILD IF YOU ANSWERED "NO" TO ANY PART OF QUESTION 11. \*\*\***

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 above 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.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_