

Student Registration and Authorization for Medical Treatment

PLEASE PRINT

Site _____

Name of Student	(Last)	(First)	(Middle Initial)	Male	Female	Date of Birth
				<input type="checkbox"/>	<input type="checkbox"/>	
School	District			Teacher		
Home Address	(Street)	(City)	(Zip Code)	E-mail		
Father/Legal Guardian	Work Phone ()			Home/Cell Phone ()		
Mother/Legal Guardian	Work Phone ()			Home/Cell Phone ()		
Family Medical Insurance: Carrier	Group #			Identification #		
Name of Family Physician				Physician's Phone ()		

PERSONS TO CONTACT IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED

Name	Home Phone ()
Relation to Student	Work/Cell Phone ()
Name	Home Phone ()
Relation to Student	Work/Cell Phone ()

STUDENT HEALTH INFORMATION

Does student have a history of any of the following conditions? Please check all that apply.

A. <input type="checkbox"/> ADD or <input type="checkbox"/> ADHD B. Allergies (explain reaction, if any, below) <input type="checkbox"/> Bee stings/insect bites (circle) <input type="checkbox"/> Food <input type="checkbox"/> Hay fever <input type="checkbox"/> Medication <input type="checkbox"/> Other (explain below) C. <input type="checkbox"/> Asthma D. <input type="checkbox"/> Bedwetting (send extra bedding) E. <input type="checkbox"/> Bowel problems F. <input type="checkbox"/> Car sickness <input type="checkbox"/> Check here if you want your child to receive Dramamine before the trip home. G. <input type="checkbox"/> Diabetes H. <input type="checkbox"/> Epilepsy or seizure disorder I. <input type="checkbox"/> Exposure to any contagious disease (e.g., chicken pox, measles, etc.) during the last month	J. <input type="checkbox"/> Fainting K. <input type="checkbox"/> Heart condition L. <input type="checkbox"/> Homesickness M. <input type="checkbox"/> Migraines/severe headaches N. <input type="checkbox"/> Nose bleeds (frequent) O. <input type="checkbox"/> Recent broken bone or surgery Body part affected _____ Date of injury/surgery _____ Activity restrictions _____ _____ _____ P. <input type="checkbox"/> Restriction of strenuous activity (hiking, games, etc.) Q. <input type="checkbox"/> Sleep walking R. <input type="checkbox"/> Special diet required (Please contact ECOS Institute directly, 949-298-3267) S. <input type="checkbox"/> Recently ill (explain below)		
Briefly explain all items checked above (refer to each item by preceding letter) and explain any other health issues not listed above (use additional paper if necessary). _____ _____ _____			
Immunization History: Provided the month & year for immunizations. Asterisked (*) immunizations must be current.			
Immunization	Date - Month(s) & Year(s)	Immunization	Date - Month(s) & Year(s)
Tetanus Booster*	Current within 10 yrs.	Polio*	
Varicella* (Chicken Pox)		MMR (Mumps, Measles, Rubella)*	
Meningitis		Pneumococcal	
Pertussis Booster (Whooping Cough)	Recommended update at 12 yrs.	DPT (diphtheria, tetanus, pertussis)*	
Hepatitis B		Hepatitis A	
Influenza			

1. Yes No Does student take ANY prescription or nonprescription medicine on a regular basis? If Yes, please complete a "**Medication Authorization**" form. It is important that the student continues to take his/her medication during the week at ECOS Institute. **Do not pack medications in student's luggage.** School personnel will collect all medications prior to departing. Once at camp, all medications will be transferred to the designated ECOS health services on-site.
 2. Yes No Does student have a physical or emotional special need or condition? If Yes, please explain below. A student with special needs is defined as one who may, due to physical or emotional condition, require individualized care or medical attention. Examples include, but are not limited to: diabetics, mobility challenged students, students who regularly use a nebulizer, emotionally challenged students, and students with severe food allergies. If student has a special need or condition, please obtain a "**Release for a Student with a Special Need/Condition**" form from the student's teacher. The student's physician and parent must complete the form and return it to the teacher.
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3. Yes No My child requires an aide at school.

IMPORTANT INFORMATION

1. ECOS Institute is located in the San Bernardino Mountains, approximately 80 miles from central Orange County. The site elevation is 6,500 feet in forested and chaparral mountain terrain. ECOS Institute involves students in a variety of activities in all weather conditions, including rain, snow, and ice. Standardized, well-balanced meals are provided. Students sleep on bunk beds in cabins shared with other students. Bathroom facilities are located in the living quarters. The students reside at ECOS Institute for three, four or five days. ECOS Institute employs medical staff on 24 hour call. Both prescription and nonprescription medication(s) may be administered by a nurse or other designated ECOS Institute staff. The parent/legal guardian will be notified immediately if a student becomes seriously ill or injured, and medical care will be given according to the parent/legal guardian's wishes. Arrangements will be made with the parent/legal guardian to transport the student to a medical facility, if necessary, or for the parent/legal guardian to pick up the student. **Access to a physician and/or hospital could be delayed in excess of one hour due to the remote location of the ECOS Institute site. Road closures due to adverse weather conditions could make access to a hospital facility difficult or impossible.**
2. Accident medical insurance is provided for each student during his/her attendance at ECOS Institute. The coverage shall be a maximum of \$10,000 for an accidental injury which occurs during ECOS Institute activities. This insurance is secondary to all other insurance. If the student has no other insurance, this insurance will be considered primary for covered benefits and payable up to the policy limit. A copy of the policy is on file in the ECOS Institute office.
3. A student will not be released during the ECOS Institute week to anyone other than the parent or legal guardian except with written permission from the parent or legal guardian.
4. ECOS Institute takes photographs and produces videos of students participating in ECOS Institute. These photographs and videos are utilized for purposes of promoting ECOS Institute and are placed on the ECOS Institute website.

I, the undersigned parent/legal guardian of _____, do hereby authorize and consent to photographs and videos being taken of my child and the usage of these photographs and videos at the sole discretion of ECOS Institute.

Signature: _____ Printed Name: _____
 Parent/Legal Guardian Parent/Legal Guardian

5. Each participant must provide proof of immunization. Per health code requirements this paperwork must be kept on file during the week of participation.

AUTHORIZATION FOR MEDICAL TREATMENT OF STUDENT

I, the undersigned parent, or legal guardian of _____, do hereby authorize and consent to any X-ray examination, anesthetic, medical, emergency dental, or surgical treatment of my child rendered by a physician, medical or emergency room staff of any hospital, or a dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the physician in the exercise of the physician's best judgment. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to my child, but none of the above treatment will be withheld if the undersigned cannot be reached. In addition, I give permission for the nurse or other designated ECOS Institute staff to give my child the common medications listed below, if needed. **I have crossed out the medications that I do not wish my child to receive.**

I have read and understand this authorization for treatment of my child and authorize and consent to such treatment.

If you do not give consent for treatment, please provide instructions: _____

ECOS Institute administers the generic equivalent of these medications unless otherwise indicated below

ANALGESICS Ibuprofen LIQ & TAB Acetaminophen LIQ & TAB	MOUTH Oral Pain Reliever Sore Throat Spray Throat Lozenges Dental Wax	COLD/ALLERGY Antihistamine LIQ & TAB Decongestant LIQ & TAB Cough Suppressant and/or Expectorant Nasal Decongestant Spray	TOPICALS First Aid Antiseptic Pain Reliever Antibiotic Ointment Antiseptic Towelettes Anti-itch Lotion Cortisone Cream Insect Repellent Mentholatum Rid (lice treatment) Rubbing Alcohol	Burn Relief Cream Sting-eze Sunblock Petroleum Jelly
EYE Eyewash Eye Drops	CONSTIPATION Milk of Magnesia	INDIGESTION/DIARRHEA Antacid/anti gas LIQ & TAB Antidiarrheal TAB		
CAR SICKNESS Dramamine TAB	NAUSEA/VOMITING Emetrol			

I have read, understood and completed both sides of this form. I agree to hold ECOS Institute, its officers, agents, and employees harmless from any and all liability or claims of liability which may arise out of or in connection with my child's participation in ECOS Institute.

Parent/Legal Guardian's Signature **Date** **Print Name of Parent/Legal Guardian**
 (Signature is required for student to attend)