

Homeschool Health Form

Please fill in all information, this form will be copied and filed separately from your registration.

Participant **First Name** _____ **Last Name** _____

Participant **Address** _____ **City** _____

State _____ **Zip** _____ **Date of Birth** _____ **Gender** Male Female

Primary Emergency Contact:

First Name _____ Last Name _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Secondary Emergency Contact:

First Name _____ Last Name _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Dentist Name _____ Phone _____

Doctor Name _____ Phone _____

Medical History (list)

If there are any special concerns please discuss with instructor signs, symptoms, precautions and treatment.

Allergies (list)

If there are allergies please discuss with instructor signs, symptoms, precautions and treatment.

Special Considerations

Please describe any emotional/behavioral, mobility, or other issues you would like the instructor to take into consideration when planning your child's Hartley homeschool experience.

Emergency Authorization

The purpose of this emergency medical information is to allow HNC to provide medical knowledge and authorization to properly trained medical staff in the event of illness or injury during HNC programs for the individual listed. If the individual is a minor all reasonable attempts will be made to contact parents or guardian. I hereby give consent for medical treatment of my child by professional medical personnel.

Parent/Guardian Signature

Date

Photo Release

Hartley Nature Center uses photographs and video footage of program participants in promotional, scholarly, educational and other HNC materials. We request permission to use your child's likeness for promotion of HNC programs on www.hartleynature.org and in the production of marketing materials. By signing below you provide consent and thereby authorize HNC to include your child's likeness in the materials listed. This is recognized as an in-kind donation. If you have any questions, please call 724-6735.

Parent/Guardian Signature

Date