



METCO, Inc. Summer School Academic Program

HEALTH HISTORY, EMERGENCY CONTACT & RELEASE FORM

(Please Print or Type)

Student Name: _____ Date of Birth: _____ Gender _____

Address: _____
Street City State Zip Code

METCO District: _____

Parent/Guardian: _____ Address: _____ Phone #: _____ Work #: _____ Cell Phone: _____ Email: _____	Parent/Guardian: _____ Address: _____ Phone #: _____ Work #: _____ Cell Phone: _____ Email: _____
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Please list below at least ONE Emergency Contact who will pick up your sick child.

Emergency Contact: _____ Address: _____ Phone #: _____ Work #: _____ Cell Phone: _____ Email: _____	Emergency Contact: _____ Address: _____ Phone #: _____ Work #: _____ Cell Phone: _____ Email: _____
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Medical Information

Health Concerns (Check if YES): ___ Asthma ___ Penicillin ___ Sunscreen ___ Seasonal Allergies ___ Food Allergies ___ Insect Bites & Stings ___ Other: _____ Explain: _____ Medications for Above (Including Epi-Pen or Inhaler): _____ Does your child need to take any other medications (including over the counter medicine) while at METCO Summer School: YES or NO What other medications? _____

Please **CIRCLE** which of the following may be given to your child if needed: Tylenol Advil Benadryl Other _____
External Ointment (antibiotic cream) External Ointment (anti-itch cream) Antacid (Tums or Maalox)

METCO, Inc. Summer School is committed to providing a successful experience for all who attend. We respect that every individual who participates in our program comes with a unique personal history. Having prior knowledge of any details that may impact your child's experience is invaluable. This may include learning styles, medical conditions, behavioral issues, emotional needs or significant changes that may have impacted their lives. Please do not hesitate to attach additional information or call us with any details. Does your child have any physical, mental or psychological conditions requiring medications, treatment or restrictions? (Such as diabetes, epilepsy, chronic headaches, emotional, behavioral, etc.) Explain: _____

List any past medical treatment or recent injuries: _____

Any dietary modifications/restrictions: _____

Other things we should know: _____

Doctor/Dentist Information

Name of child's physician: _____ Phone: _____

Address: _____ Date of Last Physical Exam: _____

Name of dentist/orthodontist: _____ Phone: _____

Insurance Information

Insurance Carrier: _____ Policy or Group #: _____

Insurance Policy Holder Name: _____

METCO, Inc. requires that we have a copy of your most current Physician's Certificate of Health and Immunization Record. PLEASE ATTACH TO THIS HEALTH HISTORY AND SUBMIT TOGETHER. Returning students must submit an updated form EVERY year. (Do NOT wait for a scheduled doctor's appointment; you can submit an updated record at a later date. Attach your most current records.)

Authorization

Accuracy of Information: This health history is correct and current to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted.

Authorization of Treatment: In case of health problem or emergency, I authorize METCO, Inc. to administer first aid and, where necessary, to transport my child to the nearest hospital emergency room for treatment. This completed form will be photocopied for fieldtrips.

Acknowledgement of Risk & Waiver

I hereby release and discharge, and agree to indemnify and hold harmless, METCO, Inc. and its officers, directors, members, agents, employees, volunteers and any other persons or entities acting on its behalf, against all claims, demands, and causes of action whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent/Guardian: _____ **Date:** _____