

# Noah Webster House, Inc. Health Form

## School Vacation Workshops

*You must complete and sign the form below to enroll your child. Your child will not be allowed to attend without a completed form:*

Child's name: \_\_\_\_\_ Workshop dates: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Does your child wear glasses? If so, are they shatterproof? \_\_\_\_\_

Does your child have any known allergies, currently taking any medications or have any known illnesses or physical limitations, etc. If so, please list and describe: \_\_\_\_\_

List medications: \_\_\_\_\_

Family Doctor's name (if any) \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please list the number at which you or another responsible adult can be reached each day during the camp session your child will be attending:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

### PICK-UP AUTHORIZATION

Who is authorized to pick up your child after the workshop? \_\_\_\_\_

*Please note: We require that the adult come in to pick up his/her child each day. We will not release the child to any unauthorized adult; therefore, if it is necessary for another adult to pick up the child, please let us know as soon as possible.*

Please read each statement below and if you understand and agree to each statement **put your initials in the space next to the paragraph** to signify your understanding and agreement:

\_\_\_\_\_ In the event my child needs emergency hospital or medical care while participating in this Noah Webster House program and there is not time for me to be contacted and/or I cannot be reached, my hospital preference is:

**Hospital Name and Address:** \_\_\_\_\_

\_\_\_\_\_ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

\_\_\_\_\_ In the event that my child needs to be transported by ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

\_\_\_\_\_ I agree to assume all medical expenses incurred by my child while participating in this Noah Webster House program.

\_\_\_\_\_ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this Noah Webster House Program. I agree to assume the risk of any injury which my child might suffer while involved in the Noah Webster House Program and will not hold the Noah Webster House or its instructors liable for any injury which my child may suffer while participating in this Noah Webster House Program.

### PLEASE RETURN THIS FORM BEFORE WORKSHOP BEGINS TO:

Beth Sweeney Director of Education, Noah Webster House, 227 South Main Street, West Hartford, CT 06107