



STUDENT HEALTH HISTORY

Experiential Ink

Main Office: 7480 Briar Lane, Bellaire, Mi 49615

(231) 709-0865

experientialink@gmail.com

Return Completed Form to
Executive/Program Director
Experiential Ink

Must be turned in prior to attendance!

Questions?
 Call David (231) 709-0865 or
 Katie (734) 646-9280

Student Name: _____
First Name Middle Initial Last Name

Date of Birth: _____
Month Day Year

Parent/Guardian: _____

Preferred Phone #: (_____) _____

- At minimum, a staff member with Red Cross First Aid and CPR is on site when students are present.
- Students should arrive having had a health check by parents including a temperature check. If a student begins exhibiting symptoms of any illness while attending an EI program a parent/guardian will be contacted and the student will need to be picked up immediately.
- Campers should arrive prepared to be outside regardless of the weather. This is a program that is based around learning in the outdoors. Full participation will require readiness to be outside.
- Any required prescription medications will be administered by the Program Director/Health Officer. Medications need to be in the original labeled bottle families will be provided with a separate form listing available OTC's that can be administered only with signed approval from the parent/guardian.

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food or medication? Yes No

If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis
_____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No

If YES, will your child carry a rescue inhaler while attending? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent: _____ Phone: (_____) _____

5. List the medications that your child takes on a routine basis: This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

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6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct, and the child described has permission to participate in all camp activities except as noted on this form. I understand that Experiential Ink (EI) has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____