

Yinghua 5th/6th Retreat Fall 2018

Eagle Bluff
Environmental Learning Center

Medical Release Form
STUDENT



All fields must be completed
for participation!

NAME OF SCHOOL/GROUP: Yinghua Academy, Minneapolis, 10/3-5/2018

Male Female

Student's Last Name	First Name	Middle Initial	Age
Student's Date of Birth (MM/DD/YYYY)		Height	Weight

Parent or Guardian Name(s) _____

Mailing Address: Street, PO Box, Apt. #, etc. _____

City _____ State _____

Zip Code _____ Email Address _____

Cell/Home Phone (_____) _____ Work Phone (_____)

Activity Level: Is your student capable of participating in strenuous activities? (i.e., hike up hills, put weight on joints, carry equipment, etc.) Yes No, please explain:

Medical & Behavioral Conditions: Please include all conditions such as diabetes, epilepsy, asthma, ADD, EBD, etc. Also include treatments such as casts, splints, etc. applicable at the time the student will be at Eagle Bluff.

Allergies & Intolerances: Please list all of your student's allergies to medications, insects, food, and explain. **All life threatening allergies must be communicated to your student's trip leader prior to an Eagle Bluff visit.**

Medications: List all **prescription** medications your student is currently taking and explain:

Please check all **non-prescription** medication your school's personnel may have permission to give your student. (These over-the-counter medications will be available in Eagle Bluff's first aid room.)

- Antacid
 Topical Diphenhydramine (Benadryl)
 Oral Diphenhydramine (Benadryl)
 Ibuprofen
 Acetaminophen (Tylenol)
 Cough Drops
 Sunblock
 None without a call home

MEDICAL DISPENSATION POLICY: All medications are administered by the chaperones or teachers from the student's school. Any medications sent from home for your child need to be processed according to your school's policies for medication dispensation and need to be in their original container.

AUTHORIZATION & RELEASE SIGNATURE (please read statement on back of page):

X _____

PARENT/GUARDIAN SIGNATURE

_____ DATE

NOTE: Failure to sign this form will prohibit your child from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of five years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.

- Eagle Bluff does not have permission to take photos of my student
- I do not wish to receive information about Eagle Bluff.