



Student Health Form

Please send completed and signed form to:
Osprey Wilds Environmental Learning Center
PO Box 530, Sandstone, MN 55072
Phone: 320-245-2648; Fax: 320-245-5272
Email: schools@ospreywilds.org

Contact Information

Student's Name _____ Date of Birth _____

Student's School _____

Parent or Guardian _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Student's Physician _____ Physician's Phone _____

Student's Dentist _____ Dentist's Phone _____

In an emergency, if unable to reach parent/guardian, contact:

Name _____ Phone _____

Relationship _____

Health Insurance Information

Parent(s)/Guardian(s) assume the full cost of any medical or hospital expenses incurred. Medical payment coverage and reimbursement for said child is as follows:

Name of Health Insurance or medical relief coverage _____

Policy# _____

Health Information

Do you know of any health-related reason that your child shouldn't take part in physical activities at Osprey Wilds?
(If unsure of the physical activities planned for your child's group, please ask your child's teachers.)

YES NO

If yes, please explain:

Has your child had any serious illnesses or accidents during the past year?

YES NO

If yes, please explain:

Does your child have any diagnosed psychological, emotional or behavioral disorders?

YES NO

If yes, please explain:

Date of child's most recent tetanus shot _____

continued on next page

Health Information (continued)

Does your child have non-food allergies?

YES NO If yes, please explain:

Please check if this allergy is anaphylactic.

FOOD ALLERGIES/Dietary Restrictions

Does your child have any known food allergies?

YES NO

Please check if this allergy is anaphylactic.

If yes, please explain:

Does your child have special dietary needs? Please refer to our food policy for what we can and cannot accommodate.

Vegetarian Vegan
 Gluten free Dairy free
 Pork free Other (please specify)

If your child is attending with a school group, the information below will be utilized by your child's school staff:

Is your child receiving any medication either at home or at school? YES NO

Name of and reason for medication:

Is it acceptable for your child to carry medication on his/her person? YES NO

Is it acceptable for your child to administer his/her own medication? YES NO

Is it acceptable for your child's school staff to administer non-prescription medication (aspirin-free) to your child? YES NO

I, the undersigned parent/guardian of _____ (**student's name**), grant and assign staff members of Osprey Wilds Environmental Learning Center and _____ (**student's school name**) the authority and consent to sign medical emergency release documents both for doctors and hospitals on behalf of my child, and grant and assign to them permission and consent for emergency medical treatment, operation, administration of anesthesia, blood transfusion, or urgent medical treatment of any illness or injury that any qualified medical practitioner may deem necessary for our child's welfare in the event parents cannot be contacted.

I request and authorize my child to be responsible to self-administer medication, thereby releasing Osprey Wilds and school personnel from liability should inappropriate usage and/or restrictions result from the medication(s).

YES NO

It is further understood that staff members will notify the parent /guardians of any medical treatment as soon as possible.

Parent/guardian signature _____ Date _____