



EARTH EXPLORE ADVENTURES

Student Health Form

Student Name _____ Home Phone _____

Home Address _____ Date of Birth _____

City, State, Zip _____ Parent Name _____

Emergency Contact _____ Phone _____

Primary Health Insurance Provider _____

Group Number _____ Subscriber Name _____

To Be Filled Out By the Parent/Guardian:

1. Has your child suffered from any serious illness within the last two years? Please specify. _____

2. Does your child have any disease, impairment or abnormality of the body? _____

3. Has your child been treated for any psychological condition within the last two years? If so, please describe. _____

If the answer to any of the above is yes, a physician's letter of authorization to travel is required.

4. Has your child been fully immunized? _____

5. Has your child had surgery or been hospitalized within the last two years? If yes, please explain. _____

6. List any medications your child is currently taking. _____

To Be Filled Out By Physician or Authorized Physician's Assistant:

1. Is there any evidence of the following? If yes, please circle and attach details.

Diabetes	Hernia	Rheumatic fever	Any present communicable disease
Mental disorder	Malaria	Epilepsy	Tuberculosis

2. Any disease, impairment or abnormality of the following? If yes, please circle and attach details.

Eyes or sight	Ears or Hearing	Genitourinary system	Lungs, respiratory system
Tonsils, nose or throat	Heart or blood vessels	Bones, joints, locomotor	Brain or nervous system
Stomach or digestive system	Skin	Other abdominal organs	Blood or endocrine system

3. Describe in detail any medication or treatment received during the past year. _____

4. Describe any allergies to food or medicines. _____

5. In my opinion the child's health is: Excellent Good Fair Poor

Physician/Assistant Signature _____ Phone _____

Physician/Assistant Name _____ Date _____

I hereby authorize and give full consent to the Leader(s)/Earth Explore to act on my behalf to ensure prompt medical care and attention in case of illness or accident incurred by my son/daughter while participating in the Earth Explore Adventure Program. I authorize the Leader(s)/ Earth Explore to incur necessary expenses, and I agree to pay the same in excess of amounts covered by applicable insurance.

Parent/Guardian Signature _____ Date _____