

# Raven's Wood Outdoor School for Renegades

Required Fields

## Emergency & Health Information

Program Dates: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_  
During program hours alternate alternate

### HEALTH INFORMATION

Date of last immunization for **tetanus** \_\_\_\_\_ Is your child **allergic to bee** stings?  Yes  No  Never been stung

I give consent for my child to receive the following as needed (please circle): Ibuprofen Acetaminophen Insect repellent

If your child is currently taking **medication**, do you request and grant permission to administer it?  YES  NO  
Please state medication(s), dosage and interval:

Please specify any **concerns or special needs** for your child. We would like to know how best to provide support, including how to relate with him/her, and what accommodations, if any, will be needed. Please attach special care plans and indicate if a staff member or other adult is needed to regularly assist your child during camp. **Check all that apply:**

Allergies  Dietary Restrictions  Physical Limitations  Behavioral Concerns  Aide Required  Other

### IN CASE OF AN EMERGENCY

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Primary Account Holder: \_\_\_\_\_

If a parent/guardian cannot be contacted in an emergency, please contact:

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

Phone (during program hours): \_\_\_\_\_ Phone (alternative): \_\_\_\_\_

In the event that your child experiences an allergic reaction, do you grant permission to administer **Benadryl** to your child? If applicable, I also grant permission to administer the **EPI-PEN** that I have provided.  YES  NO

**I hereby authorize any additional medical treatment deemed necessary in the event of emergency or injury:**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

CONTINUE ON BACK >>

## PROGRAM LOGISTICS

Do you give permission for your child to **swim** under the supervision of certified lifeguards?

YES  NO

My child's swimming ability is (circle one):    Cannot Swim    Beginner    Intermediate    Advanced

We welcome additional comments on your child's swimming ability or comfort in or near the water:

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Do you grant permission to publish in print, electronic, or video format, the likeness or **image of your child** for the general promotion of Raven's Wood School and its programs?     YES     NO

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## ROAD SAFETY

I hereby agree to the following guidelines and will communicate them to relatives or friends should they drop-off or pick up my child(ren) for this program.

- Poor Farm Rd is a narrow, dirt road. The general speed limit is 25-30 mph, and reduced speeds are expected near corners and small hills. It is important to stay to the right when approaching the hills or corners, and to pass by other cars slowly.
- Parking and drop off is allowed at the bottom of the main driveway, but not at the top parking lot by the large log home.

ACKNOWLEDGED: Please Initial

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## CONSENT AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless Raven's Wood Outdoor School for Renegades, Inc., DBA Raven's Wood School, from any and all liability, costs and expenses on account of personal injury or property damage arising from my child's participation in Raven's Wood School programs.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return this form with your registration form to:**

Raven's Wood Outdoor School for Renegades  
1046 Poor Farm Road South  
Thetford Center, VT 05075