

Mount Hermon Outdoor Science School
Homeschool Health Emergency Information Form
Non-Participant Form
 (A Non-Participant may still visit classes.)

*Make enough copies to fill out for all of your non-participants. Please fill this form out for EVERYONE that you are responsible for that will **NOT** be participating in either our CLASSES (1st Grade through 12th Grade) or our DAYCARE (0-5 years old) programs. If there are other persons in your care that will be participating in classes or daycare, please copy and fill out the **Participant Form** as needed. Thank you!

1. Non-Participant Name _____ Birth Date ____/____/____ Male ____ Female ____

Home Address _____ City _____ Zip _____

Health Information

2. Fill out completely for non-participant. Please explain questions with an asterisk (*) in space below. If an "In Past" is marked, please put a date next to it.

Medical Conditions

- Bleeding/Clotting Disorder* Yes No In Past
- Asthma (State Severity)* Yes No In Past
 - o Inhaler Yes No In Past
- Ear Trouble* Yes No In Past
- Eye Trouble* Yes No In Past
- Stomach Aches Yes No In Past
- Tuberculosis Yes No In Past
- Bronchitis Yes No In Past
- Diabetes* Yes No In Past
- Kidney Disease* Yes No In Past
- Heart Defects* Yes No In Past
- Immune-Compromised* Yes No In Past
- Psychiatric Treatment* Yes No In Past
- Seizures/Epilepsy* Yes No In Past
- Sleepwalking Yes No In Past
- Bedwetting Yes No In Past
- Carsickness Yes No In Past
- Menstrual Issues* Yes No In Past
- Other Medical Conditions* Yes No In Past

Other Diseases* Yes No In Past

Allergies (State severity below.)

- Hayfever* Yes No In Past
- Poison Oak* Yes No In Past
 - Any Topical Application* Yes No In Past
- Medication Allergies* Yes No In Past
- Bees (State Severity)* Yes No In Past
- Insects (State Which)* Yes No In Past
- Nuts (State Which)* Yes No In Past
- Latex* Yes No In Past
- Other* Yes No In Past
 - o Carry Epi Pen for any?* Yes No In Past

Note: If your child carries an epi pen, please send 2 epinephrine kits with your child for the classes.

Last Tetanus Shot _____ Last Physical Exam _____
 Date ____/____/____ Date ____/____/____

*Please explain severity and/or any conditions, diseases or allergies marked "Yes" _____

3. Do you consider non-participant to be in good health generally? Yes No

4. Are there any restrictions on non-participant's physical activity? Yes No

(3 and/or 4) Please describe if so _____

5. Does non-participant have any severe food allergies? Please list _____

6. Does non-participant have any food restrictions (i.e. vegetarian/vegan/religious) or moderate food allergies? Please list _____

Name of Physician _____ Phone _____