



Medical History – for each child Name of child: _____

Check the following areas of concern for this child. If necessary, add another page with details:

1. Does this child have allergies to—
- | | | | | |
|----------------------------------|-------------------------------------|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> pollens | <input type="checkbox"/> poison ivy | <input type="checkbox"/> tree nuts | <input type="checkbox"/> peanuts | <input type="checkbox"/> bees/insects |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> eggs | <input type="checkbox"/> dairy | <input type="checkbox"/> soy | <input type="checkbox"/> gluten |

Please list allergy reaction and describe most effective treatment plan.

2. Does child take medications? Yes No
 Medications include prescriptions, over-the counter, vitamins, inhalers, etc.

Tikkun Fam needs your consent for medication distribution and for use of medical devices, if child will be taking medications while at camp.

I want the medication or medical device to be administered Yes No

Medication(s) _____

Dosage _____ Time(s) for Dosage _____

Reason for Taking _____

When simple first aid issues (headaches, stomach aches, bug bites, etc.) come up, with your permission, we will address them with basic first aid, over the counter pain relievers and essential oils, in amounts appropriate to the age and weight of the child. Please check any treatments you **DO NOT** want your child to receive.

- | | |
|---|---|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Lavender/Frankincense (bug bites/cuts) |
| <input type="checkbox"/> Benadryl (allergic reaction to bee sting) | <input type="checkbox"/> Cooling Spray (Peppermint) |
| <input type="checkbox"/> Peace Blend (<i>veviter, lavender, ylang ylang, frankincense, clary sage, marjoram, labdanum, spearmint</i>) | |
| <input type="checkbox"/> Hand Sanitizer (<i>essential oil blend: cinnamon, cloves, orange, eucalyptus, rosemary</i>) | |

3. Does this child have a history or are they currently being treated for any of the following:
- | | | |
|---|--|---|
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy / seizure disorder | <input type="checkbox"/> heart trouble |
| <input type="checkbox"/> frequently upset stomach | <input type="checkbox"/> Anxiety | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> glasses/contacts | <input type="checkbox"/> bleeding/clotting disorder | <input type="checkbox"/> frequent headaches |

Should this child's activities be restricted for any reason? Please explain:

4. Date of last tetanus shot: _____

5. Please list and explain any major illnesses or injury the child experienced during the last year:

6. Additional comments:



I/We the undersigned have legal custody of the children named below, a minor, and have given our consent for him/her to attend events being organized by Tikkun Farm. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Tikkun Farm, its board of directors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Tikkun Farm, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named below. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the staff of Tikkun Farm.

Parent/guardian signature: _____ Date: _____

_____ has my permission to participate in Farm Camp with Tikkun Farm.
Child #1

_____ has my permission to participate in Farm Camp with Tikkun Farm.
Child #2

_____ has my permission to participate in Farm Camp with Tikkun Farm.
Child #3

_____ has my permission to participate in Farm Camp with Tikkun Farm.
Child #4

_____ has my permission to participate in Farm Camp with Tikkun Farm.
Child #5

Parent/Guardian Signature	Date	Print Name
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Photo Release

I give my consent I **DO NOT** give my consent

to having photos of these children published in Tikkun Farm publications and/or website. I understand this information will not be used for commercial purpose and names will not be used.

Parent/Guardian Signature	Date	Print Name
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