



Health & Behavior Form

Please complete the following information:

School/Group Name _____ Date of Visit _____
Participant Name _____ Birth Date _____
Parent/Guardian Name _____ Phone _____
Email Address _____

If parent/adult listed on above cannot be reached in an emergency, please provide an additional contact person:

Emergency Contact _____
Their relationship to child _____
Emergency Contact Phone Number _____

Please answer the following questions regarding your child's health and behavior:

- When upset, my child responds best to _____
- My child may be frightened by _____
- Is there anything else you would like us to know about your child? _____
- Please indicate if your child has any conditions that may affect participation. *Check all that apply.*
 None Autism ADD/ADHD Asthma Physical Limitations Other
 Asperger ODD Seizures Heart Conditions *(Please explain below)*
- If OTHER, please explain

- All immunizations (DPT, etc.) are up-to-date. *Check one.*
 Yes
 No and I understand that in a disease outbreak children who are not vaccinated may be excluded in order to protect them and others.
- Please provide or share any additional information about the condition(s) above that you feel is important for our staff to be aware of _____
- We do our best to accommodate persons with specific needs. Please indicate if the program may need to be adapted to fit your needs. Three Rivers can offer free inclusion assistants, sign language interpretation, and more. *Check one.*
 No
 Yes — *please contact me about my options.*

9. Please indicate if your child has any allergies. *Check all that apply.*

- Peanuts Wheat Tree Nuts Bee/Insect Stings Milk/Dairy Eggs Soy Fish Shellfish

10. If OTHER allergy, please explain _____

11. Does your child use an EpiPen (Epinephrine Autoinjector)? *Check one.*

No

Yes *If YES — If my child cannot administer the EpiPen (Epinephrine Autoinjector) themselves I allow Three Rivers staff to administer the EpiPen. By choosing YES I agree to Waive and Release of any and all liability for Three Rivers use of the EpiPen and agree to forever release Three Rivers and its employees and volunteers from any and all claims/actions/damages/expenses (including attorney expenses) arising out of or resulting from any injury/disease/death in the use or failure to use or administer the EpiPen.*

12. Please provide or share any additional information about the allergy (or allergies) above that you feel is important for our staff to be aware of:

13. List medications your child will have to take during the program and the time to be taken.

(Medications must be in the original, labeled container.)

MEDICATION

TIME TO BE TAKEN

DOSE
