

2020/2021

HEALTH ASSESSMENT

Part I



13500 Layhill Road, Silver Spring, MD 20906
301-576-2800 fax: 301-576-2805 www.barrie.org

TO BE COMPLETED BY PARENT/GUARDIAN
Form with fields for Child's Name, Birthdate, Sex, Grade, Address, Parent/Guardian Names, Phone No., Medical care history, and Dental care history.

ASSESSMENT OF STUDENT HEALTH
Table with columns for Yes/No and rows for various health conditions: Anaphylaxis, Allergies, Asthma, Behavior, Birth Defects, Bleeding, Cerebral Palsy, Dental, Diabetes, Ear, Eye, Head Injury, Heart, Hospitalization, Lead Poisoning, Learning Problems, Limits on Physical Activity, Meningitis, Prematurity, Problem with Bladder, Problem with Bowels, Problem with Coughing, Seizures, Serious Allergic Reactions, Sickle Cell Disease, Speech Problems, Surgery, Other.

If "yes", explain here

Blank lines for explaining "yes" responses.

Does your child take any medication? No Yes

Name(s) of Medication(s):

Is your child on any special treatments? (nebulizer, Epi-Pen, etc.) No Yes

Treatment

Is your child exempt from immunizations due to parent/guardian objection or medical contraindication? No Yes

Date of last tetanus shot: / /

Waiver of Liability

Although Barrie endeavors to provide a safe environment, I understand that participating in Barrie programs involves a certain amount of unavoidable risk. I agree to release and hold harmless the Barrie School, including officers, directors, employees and agents, from all injuries, damages, claims and causes of action cause by, arising from, or relation to, my child/ward participating in the Barrie Program, as long as such injuries or damages are not the result of gross negligence, intentional neglect, or willful or wanton misconduct by Barrie, its officers, directors, employees and agents.

I further agree to indemnify and defend Barrie, its officers, directors, employees and agents, from all claims, causes of action and damages to person or property caused by, arising from, or in relation to the conduct of my child/ward during his/her participation in a Barrie program or related activities.

Parent/Guardian Signature: Date:

Printed Name:

If for religious or other reasons you cannot sign this form, contact the school/camp director for a legal waiver which must be signed for attendance.