



2019/2020

HEALTH ASSESSMENT

13500 Layhill Road, Silver Spring, MD 20906

301-576-2800 fax: 301-576-2805 www.barrie.org

Part I

TO BE COMPLETED BY PARENT/GUARDIAN			
Child's Name (Last, First, Middle)	Birthdate (Mo., Day, Yr.)	Sex (M/F)	Grade
Address (Number, Street, City, State, ZIP)			
Parent/Guardian Names		Phone No.	
Where do you usually take your child for routine medical care? Address:		Phone No.	
When was the last time your child had a physical exam? Month:		Year:	
Where do you usually take your child for dental care? Address:		Phone No.	

ASSESSMENT OF STUDENT HEALTH					
To the best of your knowledge, has your child had any problem with the following? Please check					
	Yes	No		Yes	No
Anaphylaxis			To the best of your knowledge, has your child had any problem with the following? Please check	Lead Poisoning/Exposure	
Allergies (Food, Insects, Drugs, Latex)				Learning Problems/Disabilities	
Allergies (Seasonal)				Limits on Physical Activity	
Asthma or Breathing Problems				Meningitis	
Behavior, Emotion, or Mental Problems				Prematurity	
Birth Defects				Problem with Bladder	
Bleeding problems				Problem with Bowels	
Cerebral Palsy				Problem with Coughing	
Dental				Seizures	
Diabetes				Serious Allergic Reactions	
Ear Problem or Deafness				Sickle Cell Disease	
Eye or Vision Problems				Speech Problems	
Head Injury				Surgery	
Heart Problems				Other	
Hospitalization (When, Where, Why)					

If "yes", explain here

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 _____

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.