

2021-2022  
**HEALTH ASSESSMENT**  
**Part I**



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

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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 \_\_\_\_\_

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 School endeavors to provide a safe environment, I understand that participating in Barrie School 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 School, 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.*