



**DUNES  
Learning  
Center**

*Please type or print (page 1 of 2)*

**Dunes Learning Center  
HEALTH AND PERMISSION FORM**

A Health and Permission Form must be completed for each participant attending the Indiana Dunes Environmental Learning Center (IDELC) Programs. No participant will be allowed to participate in IDELC programs or activities without a completed and signed form on file at the Learning Center.

**Name of School/group :** \_\_\_\_\_ **Date of program:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

If neither parent/guardian is available in an emergency notify:

**Name:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**Name of Parent/Guardian carrying health insurance:** \_\_\_\_\_

**Insurance Co.:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Address of Insurance Co:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_

**Health History** (Attach additional sheets as necessary)

**Allergies:** (insect stings, medications, hay fever, asthma, other. Please list severity of condition and treatment, (i.e. ice, prescription, over-the-counter medications).

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**Dietary Restrictions:** (Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restriction or requirements).

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**Health Problems/Concerns:** (Please include sleepwalking, night-time use of restroom, diagnosed behavioral or learning disabilities).

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Name of Camp session \_\_\_\_\_

Medications: Please list any medications and dosage schedule that will be taken while at the Learning Center.

\_\_\_\_\_

Are vaccinations current: Y \_\_\_ N \_\_\_ Date of last tetanus shot: \_\_\_\_\_

Please list any serious or chronic medical conditions; or recent illness/surgery. Please give dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student ever required psychiatric counseling or hospitalization? Yes \_\_\_ No \_\_\_ if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN MEDICAL AUTHORIZATION AND RELEASE STATEMENT (agreement, indemnification, and assumption of risk)**

The health history is correct so far as I know, and I hereby give permission for my child to participate in all program activities including field trips and transportation to learning sites, except as noted by me and/or an examining physician.

I hereby give permission to medical personnel selected by school or IDELC staff to order X-rays, routine tests, necessary treatment and transportation for my child. In the event I cannot be reached in an emergency; I hereby give permission to the physician selected by school or IDELC staff to secure and administer treatment; including hospitalization, injection, anesthesia, surgery, and transfusion for my child as named above. I agree to pay all costs associated with that treatment and transportation. It is expressly understood and agreed that IDELC shall not be responsible or legally liable for any losses of personnel property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of IDELC acting within the scope of his/her employment.

IDELC educational and/or adventure and recreation activities on or off IDELC premises (which may be scheduled or unscheduled, supervised or unsupervised or occur during free time), may include, but are not limited to: hiking & backpacking; camping; swimming; cross-country skiing; snowshoeing; service and research projects; and wildlife and nature observation. I acknowledge that the inherent and other risks, hazards and dangers of these activities can cause injury, damage, or other loss to participant or others.

(Please check one)

I hereby grant Indiana Dunes Environmental Learning Center the right to photograph my child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Please do not photograph my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

No, I do not want to receive information about Dunes Learning Center in the future.