CHERRY HILL PUBLIC SCHOOLS ENVIRONMENTAL EDUCATIONAL RESIDENCY PROGRAM
Health Information Form

Student information: **House (circle one) : 6-1 6-2 6-3**

Student's last name	Student's first name	Date of birth	Homeroom

Street address	Home phone

Parent/Guardian information:

Name	Relationship	Primary day time phone	Primary evening phone
Name	Relationship	Primary day time phone	Primary evening phone

Emergency contact information:
List two nearby neighbors or relatives who would assume responsibility for your child if we cannot reach you:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Medical information:

Please complete the items listed below. If not applicable, please put "N.A" on the line provided.

1. Student's Physician: _____ _____
   Name Phone number
2. Date last tetanus booster was given: _____
3. List any allergies to foods, medications, insect bites, etc. _____
   _____
4. Has the student been exposed to any illness in the past month? If so, what was the illness and when?
   _____
5. Please comment if there is any additional information that we should be aware of so that your child's experience can be successful. _____
   _____
   _____
6. My child will require **medication** while at Mt. Misery **____ NO _____ YES**
   If yes, is the physician order is attached _____ or pending _____ **(Please note that the physicians order and medication must be received at least 1 week prior to the trip)**

7. **MEDICAL EMERGENCY:**
   In the event I cannot be reached, I hereby give my permission to the physician selected by the school to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child. I understand that every effort will be made to contact the parent/guardian and the physician of the participant.
   NJ State Law requires that this statement be signed for admittance to the environmental resident facility.

   PARENT/GUARDIAN SIGNATURE: _____ Date: _____