

Personal Health/Medical Information

Child's Name _____

Does your child have any specific physical or health problems, which we should be aware of? **Please check any that may apply.**

asthma cardiac hemophiliac
 orthopedic seizures sickle cell anemia
 hepatitis headaches
 convulsive disorders poison ivy allergy
 bee sting allergy other

Please specify:

Additional comments regarding your child's health which you feel we should be aware of:

Disclaimer of Liability

The University of Michigan-Dearborn, the Environmental Interpretive Center, and their employees do not assume liability for any injuries incurred during the program, and the parents/guardians agree to release them from such liability. Furthermore, the University of Michigan-Dearborn does not provide accident or health insurance for program participants.

Parents/guardians should contact their own insurance carriers to verify and/or obtain medical coverage for their children participating in the program.

Signature of parent or legal guardian

Date