



**Health Information for Day
Youth Programs at the Forest**

Return completed form to:

Concordia Language Villages at the Forest
14189 Ostlund Trail North
Marine on St. Croix, MN 55047

Villager's

Name: _____
First Initial Last

Birth

Date _____
Month Day Year

Sex: ☐ Male ☐ Female

Language: _____

Date of

Arrival: _____

This form is to be completed by a custodial parent/guardian of the attending minor child.

About healthcare for day programs at the Forest:

- A. This program's care is limited to basic first aid and CPR. If your child cannot continue because of injury or illness, we will call you and expect you to come for your child.
- B. This program does not dispense medication to participants.
- C. Villagers should arrive ready to participate in the program. Those unable to do so should stay home.
- D. In an emergency, we will call an ambulance for your child. It takes at least 20 minutes to go from our program site to the hospital.
- E. Participants should arrive dressed appropriately for the weather. Participants in spring and autumn programs should bring insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).

1. Is this child allergic to any food? ☐ Yes ☐ No

If YES, name the food and the kind of reaction. _____

*If anaphylactic, make sure your
child brings his/her EpiPen®.*

- ☐ Intolerance
- ☐ Anaphylaxis
- ☐ Intolerance
- ☐ Anaphylaxis

2. Is this child a vegetarian? ☐ Yes ☐ No

a. If yes, check the kind of vegetarian. We expect that your child will eat the vegetarian option provided.

- | | |
|---|---|
| <input type="checkbox"/> Semi-vegetarian (no pork or beef) | <input type="checkbox"/> No pork |
| <input type="checkbox"/> Pesco (no pork, beef or chicken) | <input type="checkbox"/> Vegan (no meats, seafood, eggs or dairy) |
| <input type="checkbox"/> Lacto-ovo (no beef, pork, chicken,
Seafood or fish) | <input type="checkbox"/> Ovo (no meats, fish, seafood, dairy) |

3. Does this child react to bee stings with anaphylaxis? ☐ Yes ☐ No

If YES, make sure your child brings his/her EpiPen® to autumn and spring programs.

4. Does this child have asthma? ☐ Yes ☐ No

If YES, will your child carry a rescue inhaler during the session? ☐ Yes ☐ No

If YES, does your child need staff help to use that rescue inhaler? ☐ Yes ☐ No

If YES, what triggers your child's asthma?

5. We will call if there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent/guardian who will be available via phone while your child is attending our program.

Name of

Parent: _____

Phone: () _____

6. What else should we know about your child? Write any additional information about your child's health that may impact your child's participation on the back of this form.

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all program activities except as noted on this form. I understand that the program limits healthcare to basic first aid and CPR, and that the program staff will call the parent listed above in an emergency, if questions about my child's health arise, and/or when my child is unable to continue in the program because of injury or illness. I acknowledge that the program will not distribute medication to my child and that information on this form will be shared with staff on a need-to-know basis.

Signature of Custodial

Parent/Guardian _____

Date: _____