

McDowell Farm School

105 Delong Rd Nauvoo, AL 35578

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mcdowellfarmschool.com

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ADULT HEALTH FORM (All information is confidential)

____ Teacher **or** ____ Chaperone / Parent

School _____

NAME: _____ Sex M F Birth Date _____
(LAST) (FIRST) (MIDDLE) (CIRCLE) (MONTH/DAY/YEAR)

Address: _____
(STREET / P.O. BOX) CITY STATE ZIP

Email: _____

Home phone: _____ Height: _____ Weight: _____

EMERGENCY CONTACT PERSON: _____
(NAME / RELATIONSHIP TO YOU / PHONE NUMBER AT HOME AND WORK)

Do you have any known allergies? N / Y To What: _____

Are you on a special diet? N / Y Please explain: _____

Health problems: _____

PHOTO RELEASE AND PERMISSION TO CONTACT

I give permission for any photos or videos taken of me during the educational program at the Center to be used for the public relations of the program. I give permission for Camp McDowell to contact me regarding future programs and promotions.

MEDICAL AUTHORIZATION AND RELEASE

Should I sustain or incur any accident or illness while attending McDowell Farm School, I hereby authorize the Director, his agent or a school official to execute any and all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

This is to certify that I am in good physical condition and that the information provided is accurate to the best of my knowledge.

I authorize McDowell Farm School to allow medical agencies (including, but not limited to, hospitals, physician's offices, health clinics, dental clinics, pharmacies) to read the information contained in the accompanying Health Form. I agree that the information used will be limited to information necessary to fulfill the need or purpose for the disclosure.

All health information is considered confidential and will be shared only on a need to know basis to ensure your safety.

ACCIDENT INSURANCE DISCLAIMER

All attending adults are responsible for all incurred medical expenses while at McDowell Farm School (MFS). MFS accident insurance covers student participants ONLY.

This is to certify that the information provided is accurate to the best of my knowledge.

Signature: _____ **Date:** _____

CHILD'S NAME: _____

PLEASE RETURN TO THE TEACHER ASAP