



University of Wisconsin – Stevens Point

Treehaven Environmental Learning Center

Health Form

Participant Name _____ Birth date ____ / ____ / ____

Phone Number: () _____ - _____ Age _____

Home address: _____ Sex: Male / Female

Street

City

State Zip

MEDICAL CONSENT

To the Parents (s) or Legal Guardian - Consent for medication administration and treatment:

If your son, daughter, or ward will be under the age of 18 while at Treehaven, it is required policy to secure your consent for medical care and distribution of prescription and over-the-counter medication. Medication can be self-administered if the camper is 18 or older; otherwise, it will be administered by a qualified and designated group medication manager. The exception is that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by trained health staff. **All medications will be stored in the control of the identified First Aid Contact for each group except for life threatening conditions such as bee sting kits, inhalers, insulin, etc.**

All prescription medication must be in the **original medicine bottle** (see picture at right) and labeled with the student’s name, doctor’s name, medication name, dosage, prescription number, date prescribed, and instructions. You must complete the form below.

- No medication(s) has been brought to camp.
- I want the medication or medical devices self-administered (age 18 and above only).
- I want the medication or medical device administered by the designated camp staff. However, a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).



While your son, daughter, or ward is at camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct.
- I agree to hold harmless and indemnify Treehaven, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Stevens Point, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the registered event.

Participant Name (Please Print) _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

Date _____

UWSP/TREEHAVEN HEALTH FORM

Participants Name: _____

Health Conditions (check)

- Asthma
- Diabetes
- Epilepsy
- Any dizziness, light-headedness or fainting associated with exercise within the past year
- Any unexplained, rapid or irregular heart beat within the past year
- A physician has sometime denied or restricted participation in sports due to a heart problem
- Does your child sleep walk? No Yes

Allergies (check & list specifics)

- Insect stings _____
- Foods _____
- Medications _____
- Other _____

Do any allergies require an EPIPEN Injection? Yes No

Date of last Tetanus booster : _____

Tetanus required at Kindergarten and 6th grade, child should get booster now if has not had one since Kindergarten.

Name of Insurance Co.: _____ **Policy #:** _____

Insurance Co. Phone # _____ **Holder** _____

Description of any limitation or restriction of activities: _____

Any special individual or family physical or emotional conditions that we need to be aware of regarding your child's participation in this event: include circumstances when physician should be notified)? _____

Medications necessary while attending (attach additional pages if needed):

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing physician and phone number

1. Does the camper experience any side effects from the medication? (i.e., mood/behavior changes, upset stomach, diarrhea) Yes No

2. List any special instructions or additional information regarding the medication that would be helpful to the staff.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Relationship to participant _____

Address _____

Phone number: Home () _____ Work () _____

Email address _____ Fax () _____

SECONDARY EMERGENCY CONTACT

Name _____ Relationship to participant _____

Phone number: Home () _____ Work () _____

AUTHORIZATIONS

Participants Name: _____

EMERGENCY TREATMENT

While Treehaven has operated with an excellent safety and health record since its opening in 1985, illness and injuries can sometimes occur. Should a medical emergency occur, we will notify you immediately. If we are unable to reach you and your child needs medical attention, your child will be transported to Ascension at Tomahawk/Ascension Sacred Heart Hospital Emergency Room in Tomahawk, Wisconsin or Ascension at Rhinelander/Ascension St. Mary's Hospital in Rhinelander, Wisconsin and treated by the physician on duty. By signing the following authorizations you are giving your consent in advance for medical treatment.

EMERGENCY TREATMENT RELEASE

I grant permission to have my son/daughter or ward treated, in the event of an illness or injury, at a medical facility. In the event that I cannot be reached, I give permission to the physician selected by Treehaven to secure and administer proper medical treatment, hospitalize, order injection, anesthesia, or surgery for the participant.

Furthermore, I hereby state that I am aware and accept the risk inherent in the program activity. The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin, the University of Wisconsin-Stevens Point, Treehaven, their officers, agents, and employees, from any and all liability, loss, actions, or those of my dependent, in the course of the residential stay. I agree to reimburse Treehaven for expense incurred for medical treatment at Saint Mary/Sacred Heart Hospital. In the event of major medical treatment, Saint Mary's/Sacred Heart Hospital or other medical facility will contact you regarding payment.

Guardian Signature _____

Date _____

PHOTOGRAPHIC/VIDEO RELEASE

I understand that the University of Wisconsin-Stevens Point and Treehaven may take photographs and/or videos of participants and activities. I agree that the University of Wisconsin-Stevens Point shall be the owner and may use such photos and/or videos relating to the promotion of future camps and programs. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

Guardian Signature _____

Date _____

TREEHAVEN CODE OF CONDUCT

The mission of Treehaven is to foster an environmental appreciation and understanding of the outdoors in a safe and enjoyable setting. To help us accomplish this goal, participants must leave all personal electronic equipment including cell phones, game boys, ipods, etc. at home. If they are brought to Treehaven, they will be locked in a secure location until checkout day. Our programs provide a safe and healthy atmosphere where all youth can explore and learn about the natural world and other people. Any participant(s) who cannot act in accordance with this mission will have to leave with no refund. Treehaven staff will work with all participants to comply with the rules of Treehaven. I have read the above code of conduct with my child and agree to pick up my child if early dismissal from Treehaven is required.

Guardian Signature _____

Date _____

CODE OF CONDUCT **All participants are expected to: 1. Participate in all scheduled activities. 2. Follow the directions of Treehaven staff. 3. Remain on the grounds, except when accompanied by staff. 4. Students must leave all personal electronic equipment including cell phones, game boys, mp3 players, etc. at home. If they are brought to Treehaven, they will be locked in a secure location until checkout day. 5. Abide by all other Treehaven rules including: a) No Smoking. b) Use of alcoholic beverages, illegal drugs, explosives, or firearms are not allowed at Treehaven. I understand that failure to abide by these rules will result in my expulsion with no refund. I have discussed these regulations with my son/daughter/custodian and he/she has agreed to comply with them.**

Guardian Name (Please Print) _____

Guardian Signature _____

Date _____

Participant Name (Please Print) _____

Participant Signature _____

Date _____