

Art on the Farm: Medical Form Page 1

This form must be completed and returned to Cow House Studios by May 1st, 2019.

Cow House Studios,
Ballybawn, Rathnure, Enniscorthy,
Co. Wexford, Ireland

Physicians Medical Statement

Parents, please give this form to your child's physician to complete.

Student Name: _____ Birth Date: _____

Physician: The student listed above is registered to attend Art on the Farm summer programme at Cow House Studios in Ireland. While the primary activities involve making art, he/she may also engage in outdoors activities such as swimming, biking, and hiking. If you have any questions, please contact us at: 1 800 677 0628.

Physical limitations or restrictions: _____

Surgeries or serious illnesses: _____

Disabilities or chronic medical conditions: _____

Dietary restrictions: _____

Psychological conditions we should be aware of: _____

Health History

Check and give approximate dates

Frequent Ear Infections: _____ Bleeding/Clotting Disorders: _____

Heart Defect/Disease: _____ Hypertension: _____

Convulsions: _____ Mononucleosis: _____

Diseases

Chicken Pox: _____ German Measles: _____

Measles: _____ Mumps: _____

Allergies

Insect Stings: _____ Other Drugs: _____

Penicillin: _____ Other: _____

Immunization History: List dates of basic immunizations and most recent boosters.

Polio: _____ DPT: _____ Hepatitis B: _____ TB: _____

Tetanus: _____ Varicella (Chicken Pox): _____ MMR (Measles-Mumps-Rubella): _____

Medications to be taken while at Cow House Studios:

Medication: _____ Dosage: _____ When to take: _____

What is this medication prescribed for or treating? _____

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What is this medication prescribed for or treating? _____

Medication: _____ Dosage: _____ When to take: _____

What is this medication prescribed for or treating? _____

Are there medications currently taken that will be suspended while in Ireland? Why? _____

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Physicians Medical Statement Continued

Are there any restrictions to his/her activities or precautions which should be taken? _____

Is he/she currently under the care of a physician for a specific condition? If so, what? Is the treatment to be continued while he/she attends the program in Ireland? _____

Does he/she have epilepsy? _____

Does he/she have diabetes? _____

Does he/she have any allergies? (food, medical, insect & other?) _____

Are there any other health related issues we should know about regarding this child? _____

Is there any other information, medical or otherwise, that would help us to provide a safer, more productive and enjoyable summer for this child? _____

Doctor Name: _____

Phone number: _____ Fax number: _____

Address: _____

Doctor Signature: _____ Date: _____

Parents:

Is there anything not mentioned above (medical or other) that we should know about to assist us in providing your child a healthy, happy, productive and safe trip? _____

Permission is hereby given for CHS to authorize medical, dental or hospital attention to be given to my child. Matters of any severity will be discussed with the parents as promptly and reasonably possible. In signing this medical form, I give permission for medical, dental or hospital attention to be given to my child and attest that all information on this form is complete and correct and that I have listed all relevant insurance information below.

Parent Name: _____

Parent signature: _____ Date: _____

Alternate emergency contact & relationship to student (other than parents): _____

Emergency contact phone: _____ Emergency contact email: _____

Student Insurance Information:

All students must have medical insurance for the duration of their stay at Cow House Studios. **Attach a copy of your child's insurance certificate/ card with this form.**

Company name: _____ Phone number: _____

Address: _____ Policy/ Reference Number: _____



Cow House Studios
Ballybawn
Rathnure
Enniscorthy
Co. Wexford
Ireland

Phone: +353 53 916 9567
Fax: +353 53 916 9610
US Toll Free: 1 800 677 0628
info@cowhousestudios.com
www.cowhousestudios.com