

FieldWorks: Medical Form Page 1

This form must be completed and returned to
before **July 26th, 2024**

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

Section 1: Physicians Medical Statement

This section must be completed by your family physician.

Student Name: _____ Birth Date: _____

Physician: The student listed above is registered to attend FieldWorks gap year program at Cow House Studios in Ireland. While the primary activities involve making art, they 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:	<input type="checkbox"/>	_____	Bleeding/Clotting Disorders:	<input type="checkbox"/>	_____
Heart Defect/Disease:	<input type="checkbox"/>	_____	Hypertension:	<input type="checkbox"/>	_____
Convulsions:	<input type="checkbox"/>	_____	Mononucleosis:	<input type="checkbox"/>	_____

Diseases

COVID-19	<input type="checkbox"/>	_____
Chicken Pox:	<input type="checkbox"/>	_____
Measles:	<input type="checkbox"/>	_____
Mumps:	<input type="checkbox"/>	_____
German Measles:	<input type="checkbox"/>	_____

Allergies

Insect Stings:	<input type="checkbox"/>	_____
Penicillin:	<input type="checkbox"/>	_____
Other Drugs:	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____

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

Polio: _____ DPT: _____ Hepatitis B: _____ TB: _____
Tetanus: _____ Varicella (Chicken Pox): _____ MMR (Measles-Mumps-Rubella): _____
COVID-19: _____

Medications to be taken while at Cow House Studios:

Medication: _____	Dosage: _____	When to take: _____
What is this medication prescribed for or treating? _____		
Medication: _____	Dosage: _____	When to take: _____
What is this medication prescribed for or treating? _____		
Medication: _____	Dosage: _____	When to take: _____
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 the student's activities or precautions which should be taken? _____

Are they currently under the care of a physician for a specific condition? If so, what? Is the treatment to be continued while they attend the program in Ireland? _____

Do they have epilepsy? _____

Do they have diabetes? _____

Do they have any allergies? (food, medical, insect & other?) _____

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

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

Doctor Name: _____

Phone number: _____ Fax number: _____

Address: _____

Doctor Signature: _____ Date: _____

Section 2: Parents & Students

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

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

Student Name: _____

Student Signature: _____ Date: _____

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 insurance certificate/ card with this form.**

Company name: _____ Phone number: _____

Address: _____ Policy/ Reference Number: _____



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