Potter's Farm Health and Emergency Information Form-Minor

Personal Information		
Minor's Name		
Street Address		
City, State, Zip		
Phone	Home:	Mobile:
Years on Earth	Birthdate:	Age:
Parent/Guardian Name		
P/G Street Address		
P/G City, State, Zip		
P/G Phone	P/G Home:	P/G Mobile:
Emergency Contact Information		
EC Name		
EC Street Address		
EC City, State, Zip		
EC Phone	EC Home:	EC Mobile:
Health Information		
Allergies		
Last Tetanus	Date:	
Medications (name/dosage)		
Medical History	__ Arthritis __ Asthma __ Cancer __ COVID __ Diabetes __ Heart Problems __ High Blood Pressure __ High Cholesterol __ Respiratory __ Seizures __ Stroke Detail:	
	Other:	
Surgical History		
Physician	P Name:	
	P Street Address:	
	P City, State, Zip:	
	P Phone:	
Health Insurance	Name and Policy number:	
	Coverage dates:	

This form has two sides. Fill out and sign each side.

I understand this document remains on file for one year and will be kept confidential by the attending nurse for Potter's Farm.

Rev 4/22

Parent/Guardian Signature Print Name Date

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Fill out questions 1-3 on the DAY of your arrival to Potter's Farm (This form has two sides. Fill out, sign, and date each side.)

COVID-19

1. **In the past 10 days has your child experienced: a headache, nausea, vomiting, diarrhea, sore throat, cough, chills, body aches, shortness of breath, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?**
   __ Yes __ No If yes, please explain:

2. **In the past 10 days has your child been in close proximity to anyone who is known to have tested positive for COVID-19?**
   __ Yes __ No

3. **In the past 90 days has your child tested positive for COVID-19?**
   __ Yes __ No If yes, please explain:

Vaccination Status	**Is your child fully vaccinated* for COVID-19?** **__ Yes __ No __ Other (please explain)** *** One is considered up-to-date 2 weeks after 1st booster dose (if eligible), otherwise 2 weeks after 2nd dose in the primary series.**
	Date of vaccination (2nd dose for 2-dose regimen) _____ **Date(s) of booster(s) _____ _____** ***Please bring vaccine record, if possible***
COVID Protocol note:	**At this time, we are not requiring masks or screening testing. In case of direct exposure, we will be following current CDC guidelines which may include testing, masking, and/or quarantining.** **We are closely monitoring COVID activity and CDC and local health recommendations. Our COVID protocol is subject to change based on these recommendations as well as local and point of origin disease activity. Thank you for your understanding.**

I have answered these questions to the best of my ability.

Parent/Guardian Signature Print Name Date