



Elk Creek Ranch
Sunlight Valley
P.O. Box 1476
Cody, WY 82414
info@elkcreekranch.com
www.elkcreekranch.com

Health Record

Rancher's Name _____

DOB _____

The first two pages of this form are to be filled out by the applicant's parents or guardian. The third page must be completed by the child's physician, or, if your child has had a physical exam in the last year, a copy of it can be sent in lieu of the Ranch's Physician's Exam form. In either case, we need an up-to-date immunization record.

Name of Parents or Guardian _____

Address _____

Email Address _____ Telephone _____

Name of Family Physician _____ Telephone _____

Address _____

Name of an individual who may take responsibility in the absence of parents who cannot be reached in case of a medical emergency _____

Telephone _____

Relationship to Rancher _____ Email _____

Please indicate any diseases that this rancher has had and her/his age at the time:

	Age		Age		Age
Alcohol or Drugs _____	_____	German Measles _____	_____	Poliomyelitis _____	_____
Asthma _____	_____	Jaundice _____	_____	Rheumatic Fever _____	_____
Bronchitis _____	_____	Measles _____	_____	Scarlet Fever _____	_____
Chicken Pox _____	_____	Migraine _____	_____	Tonsillitis _____	_____
Convulsions _____	_____	Mononucleosis _____	_____	Tuberculosis _____	_____
Depression _____	_____	Mumps _____	_____	Typhoid Fever _____	_____
Diabetes _____	_____	Pneumonia _____	_____	Whooping Cough _____	_____
Epilepsy _____	_____				

Please describe any complications: _____

Other illnesses or congenital conditions: _____

Operations or injuries: _____

If your son/daughter has now or has had within 5 years any of the following, please describe below:

1. Recent significant change in weight _____
2. Insomnia _____
3. Fatigue _____
4. Prolonged fever _____
5. Dizziness, unconsciousness, headaches _____
6. Impairment of sight, hearing, speech _____
7. Chronic cough or coughing up blood _____
8. Contact with tuberculosis _____
9. Allergies to penicillin or other drugs _____
10. Recurring abdominal pain, diarrhea, constipation _____
11. Albumin, sugar, or blood in urine _____
12. Muscle, joint, or back pain _____
13. Benign or malignant growth or tumor _____
14. Allergies (hay fever, food, bees, or other) _____
15. Nervousness _____

For female ranchers:

Age at the Onset of Menses _____	Cramps _____
Regularity _____	Excessive Flow _____
Vaginal Discharge _____	Birth Control _____

Medications: Please list all medications your child is presently taking with directions for their administration:

<u>Name of Medication</u>	<u>Directions</u>	<u>Purpose</u>	<u>Administered by Ranch Staff</u>	
1. _____	_____	_____	Yes _____	No _____
2. _____	_____	_____	Yes _____	No _____
3. _____	_____	_____	Yes _____	No _____

The following non-prescription drugs are typically available at the Ranch. Please circle any that are NOT to be given to your child:

Acetaminophen (Tylenol)	Robitussin	Ibuprofen
Cough Drops	Sudafed	Antibiotic Cream
Benadryl	Kaopectate	Pepto Bismol
Calomine Lotion	Cortisone Cream	

Has your child traveled outside the United States in the past year? If so, where?

The Ranch's website, elkcreekranch.com, offers a detailed description of our program, which is physically challenging, and of our community, which is small yet diverse. Parents know their children best, so it is important that we ask you the "hard" questions:

First, is your child ready and able and enthusiastic about participating in all parts of our physically challenging program, from hiking to horseback riding to wilderness trips to work projects? If, yes, then yes it is, but if you have questions please share them here. We will follow up with a phone call so that we can better understand your possible concerns and see if we can still serve your child well.

Second, a small community is a great setting for young people; everyone knows everyone else very quickly and very well, but it is not equipped to handle children with significant emotional problems. Our staff is populated by a number of teachers who understand that such challenges range from ones the Ranch can address to ones requiring professional attention. Again, we ask you to share any concerns you might have, especially if your child has been treated for emotional or behavioral challenges. We will follow up with a phone call to better understand the issues and determine if the ranch would provide a positive experience for your child.

If this form has missed a question or topic important to you or your child, please use this space to give us the best possible sense of the issue. If you have additional written information you want to share, please attach it to this form. Do not send the information by email.

MEDICAL RELEASE

In the event of a medical emergency, I _____, parent of _____, give my permission to obtain such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter with the understanding that no operation will be performed, except in extreme emergency, without a reasonable effort on the part of Elk Creek Ranch to contact the responsible parent or guardian.

Persons treating my child should be aware of the follow medic alert or conditions (allergies, medications, etc.) for treatment:

_____	_____	_____
Date	Name of Parent or Guardian	Signature



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Physician's Exam

Rancher's Name

DOB

1. Eyes _____ Vision _____ Glasses? _____

Contact Lenses? _____

2. Ears _____ Hearing _____

3. Nose and Throat _____ Tonsils _____

4. Teeth _____ Need of Attention _____

Prosthetic Dental Appliances _____

5. Frame (light, medium, heavy) _____ Height _____ Weight _____

6. Cardiovascular System: Heart _____ Blood Pressure _____ Pulse _____

7. Respiratory System _____

8. Skin and Lymphatics _____

9. Bones, Joints, Muscles, Spine _____

10. Hernia _____ Hemorrhoids _____

11. Nervous System (Summarize as to shyness, excitability, sensitivity, etc.) _____

12. Has the child at any time had psychiatric help or psychological counseling? Yes _____ No _____

If so, for how long and for what reasons? _____

13. Urinalysis-Sp. Gr. _____, Alb. _____, Sugar _____, Reaction Hgb. _____

14. Remarks on physical issues or challenges not included above: _____

15. List all medications that the child is taking at the present time—allergy injections, etc.: _____

16. Ability to participate in all forms of physical activity: _____

Any form of activities or athletics forbidden: _____

IMMUNIZATIONS: We require that every rancher be up-to-date on all immunizations. Please attach a copy of your child's current immunization record.

Date _____ Physician's Name _____ Signature _____