Echo Springs, Inc.

Parent/Financial Sponsor Questionnaire

Your name _____Relationship to Applicant_____

Applicant's Name _____Applicant's Social Security #_____

Your insights can help us in developing an individualized curriculum with your student. Please attach a separate page if you need additional space.

What prompted this student to apply at Echo Springs?

What do you perceive to be the strengths and weaknesses of this applicant?

Other information we should know in order to best meet the needs of this applicant, including previous program placements:

Has this student ever been arrested? If so, explain:

Who referred you to Echo Springs? Please name consultant, school or program:

Family Information

(attach additional sheet if needed)

Parents _____

◉ Married ○ Divorced (if so, date _____) ○ Domestic Partners ○ Deceased ○ Widowed

Complete Home Address _____

Mother's Information:

Phone: Home_____ Work_____ Cell_____

Fax _____ Email _____

Business Address _____

Occupation _____

Father's Information:

Phone: Home_____ Work_____ Cell_____

Fax _____ Email _____

Business Address _____

Occupation _____

Step-parent information:

Phone: Home_____ Work_____ Cell_____

Fax _____ Email _____

Business Address _____

Occupation _____

Step-parent Information:

Phone: Home_____ Work_____ Cell_____

Fax _____ Email _____

Business Address _____

Occupation _____

Echo Springs does not discriminate on the basis of race, creed, sex, sexual orientation, or ethnic background in its admission policies, programs, educational policies or any other school administered programs.

Family Information (continued)

Is the applicant adopted? Yes ◯ No ◯ If so, at what age? _____

Is he/she in contact with the birth parents? _____

Please list all siblings.

Name	Age	Sex	Full/Step/Half	Current Living Situation

List family members and other adults the applicant has a meaningful relationship with:

Name	Relationship	Where do they live?

Other pertinent family information or history (include mental health issues/diagnoses):

_____

_____

Emergency Contact if parents cannot be reached _____

Phone _____ Relationship to Applicant _____

Medical History

Applicant's name _____

Does applicant wear glasses or contacts? _____ If so, when are they required? _____

Date of last physical exam _____ By whom? _____

Date of last dental exam _____ Orthodontic Work _____

Problems with speech or hearing? _____ If so, please explain:

Does the applicant use tobacco products? If so, indicate: Cigarettes ☐ Dip/Chew ☐ Pipe ☐ Cigars ☐

Please describe any current health problems:

List all hospitalizations for medical and/or psychiatric reasons:

Date	Hospital/City	Reason

List all serious accidents (Include date and what happened):

_____

_____

_____

Physician's Name_____

Complete Address _____

Phone _____

Psychiatrist/Therapists Name _____

Complete Address _____

Phone _____

List all allergies (drug, food and environmental):

Source _____ Reaction _____

Source _____ Reaction _____

Source _____ Reaction _____

List <u>all medications</u> applicant has taken (current and past). Attach separate sheet if needed.

Medication	Reason	Current or Past?	Last Taken

Indicate which of the following diseases, illnesses or problems the applicant has had or currently has (include dates):

Red Measles (10 day)	_____	Sexually Transmitted Infections	_____	Pneumonia, Bronchitis	_____
German Measles (3 day)	_____	HIV/AIDS	_____	Frequent Colds	_____
Chicken Pox	_____	High Blood Pressure	_____	Strep Throat	_____
Mumps	_____	Diabetes	_____	Tonsillitis	_____
Whooping Cough	_____	Eczema, Dermatitis	_____	Mononucleosis	_____
Scarlet Fever	_____	Bone conditions	_____	Muscle Weakness	_____
Rheumatic Fever	_____	Knee problems	_____	Scoliosis	_____
Polio	_____	Arthritis	_____	Frequent Ear Infections	_____
Epilepsy	_____	Bladder/Kidney Infection	_____	Eating Disorder	_____
Convulsions or Seizures	_____	Frequent Constipation/Diarrhea	_____	Suicide Attempt/Ideation	_____
Meningitis, Encephalitis	_____	Ulcers	_____	Other _____	

Complete Immunization History (Include month and year):

DPT or TD	_____	_____	_____	_____
Polio	_____	_____	_____	_____
Measles	_____	_____	_____	_____
Rubella	_____	_____	_____	_____
Mumps	_____	_____	_____	_____
Chicken pox	_____	_____	_____	_____

Release Statements

Please initial on the lines next to each release statement and sign as indicated below.

_____ **Release of Liability**
I am aware that Echo Springs, Inc., in addition to the academic curriculum, general athletic and vocational training, operates recreational activities including, but not limited to, downhill and cross-country skiing, camping, climbing, canoeing, hiking, wilderness backpacking, horseback riding, biking, and various aquatic activities. I am further aware that there are substantial risks inherent in these recreational activities. I hereby release Echo Springs, Inc., its officers, employees, representatives, and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any or all activities and operations of the program.

_____ **Authorization for Health Care**
I authorize any employee or representative of Echo Springs, Inc. to consent to any and all health care for the applicant beginning from the date hereof. This Authorization shall include, but is not limited to, consenting to x-rays, anesthesia, inoculations, vaccinations, dental or medical diagnosis or treatment, surgery and hospital care.

I hereby consent to the applicant's participation in all activities and programs conducted by Echo Springs, Inc. and agree to be bound by the terms of this Release.

Dated_____

Print Name_____

Parent/Financial Sponsor Signature_____

Verification of Medical and Dental Insurance*

Insurance Company_____

Billing Address for Insurance_____

Phone Number for Insurance_____

Policy Holder_____

Policy Number_____ Group Policy ID_____

Coverage (Outpatient, Major Medical, Hospital, Pharmacy, Dental)_____

*All applicants must have medical insurance and should have an insurance card in his/her possession at all times.