

HEALTH HISTORY/CONSENT FORM

The Chewonki Foundation Wiscasset, ME 04578 (207) 882-7323

To be completed by Parent or Guardian if participant is under legal age

This form must be completed and signed before participation in Chewonki Foundation programs

Form will be reviewed by Chewonki teacher and Health Care Coordinator.

Participant's Name _____ School or Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Sex - **M** **F** Age _____ Birth date _____

Person to be notified in case of illness or injury _____

Relationship _____ Day Phone _____ Evening Phone _____

HEALTH HISTORY - check those items that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Fainting | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Recent Concussion | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Serious Ivy/Oak Poisoning | <input type="checkbox"/> Cognitive Disability |

Please make sure that the school/organization informs Chewonki well in advance of any special accommodations necessary for the participant to have a safe, healthy, and appropriate experience.

Please EXPLAIN any checked items (use addition sheet if necessary):

***Date of last Tetanus Booster** _____ (If not within 10 years of participation, then we recommend booster.)

If female, has your child menstruated? _____

Any physical limitations or supports worn (give details of care required): _____

Operations or serious injuries (give details of care required): _____

Food limitations or requirements: _____

ALLERGIES: Bee Stings _____ Food _____ Drugs _____ Other _____

Please list any foods, drugs, plants, or animals that cause **allergic** reaction. Please describe the reaction:

If your child has a life threatening allergy: Be clear and specific about what type of exposure can set off a reaction, when to treat with antihistamine, and when to use epinephrine. Epinephrine brought by participant will be kept in their possession. *If epinephrine is administered, then an ambulance will be summoned.*

If needed, is your child able to self-administer their epinephrine? **YES NO**

ASTHMA: If your child has asthma:

Personal inhalers are kept in first aid kits and available as needed.

Has he/she had a serious episode within the past year? **YES NO**

If yes, then what were the signs and symptoms? What was the cause?

ADD/ADHD: If your child uses medication for an attention deficit we request that they continue on this medication while at Chewonki. Since a day at Chewonki is longer than the average school day, an afternoon dose may be warranted. Please discuss this with your child's physician. Be sure to provide Chewonki with clear, written instructions **and** please discuss any changes with your child.

Participant's Name _____

MEDICATIONS: Please list prescription medications, over-the-counter medications, vitamins, herbs and homeopathic remedies that your child is taking. These are kept in the group first aid kit and dispensed by the Chewonki teacher (unless other arrangements have been made through school).

Routine (Daily) Medication:

Name of Medication	Reason for Medication	Dose (mg and quantity)	How Often? When?

As Needed Medication:

Name of Medication	Reason for Medication	Dose (mg and quantity)	How often repeated?

***Do you give Chewonki Staff permission to administer the following medications as needed:**

Tylenol YES NO

Ibuprofen YES NO

Benadryl YES NO

Tums YES NO

Additional information we should be aware of:

INSURANCE INFORMATION:

Medical Insurance Company: _____

Policy Number: _____

Certificate Number: _____

Address of Insurance Company: _____

No Coverage

CONSENT: Consent is hereby given for the applicant to attend a Chewonki Foundation Outdoor Education program and/or Wilderness Trip.

I understand that the program may include a camping experience in a wilderness or semi-wilderness environment, and that each participant must provide clothing and a sleeping bag appropriate for comfort and warmth. I also understand that the program may include an off-campus field trip with participant transportation to and from the field trip site in a Chewonki Foundation vehicle driven by a licensed Chewonki employee. I agree that the Chewonki Foundation, its agents and employees, shall not be liable for any injury to the above named participant during the program or during transport in Chewonki Foundation vehicles unless caused by its or their gross negligence or willfull misconduct. In the event I cannot be reached, I give permission for administration of emergency medical and/or surgical treatment deemed necessary by a local physician. Some Chewonki trips/programs are operated on public and private lands, including but not limited to lands owned or managed by Katahdin Timberlands Company, The Nature Conservancy, Plum Creek, The State of Maine, White Mountain National Forest, The United States Government, and North Maine Woods Inc. I agree to indemnify and hold harmless the above named agencies, companies, and organizations from any and all claims.

Date _____ Signature _____

Photo Release: I hereby allow Chewonki to use photographs or images of my child for appropriate promotional materials.

Date _____ Signature _____