



## Youth Health History and Consent Form

**This form should be filled out by a parent or guardian. Please read and answer ALL questions**

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Best Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Best Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Best Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

**General Health: Please review the following list and check those items that are a past or present concern/issue.**

### Physical Health

- Allergies
  - Food
  - Insect
  - Environmental
  - medication
  - other
- Asthma
- Bedwetting
- Bleeding/ Clotting Disorder
- Cancer
- Circulatory Problems
- Diabetes
- Dizziness/ Fainting
- Ear, Eye, Nose, Throat

- Epilepsy or other seizure disorder
- Gastrointestinal Tract Issues, Ulcer
- Head Injury, Concussion
- Heart Defect/ Disease
- Hearing Impairment
- Hormone or Thyroid Issue
- Hospitalization or Surgery
- Hypertension, High Blood Pressure
- Neurological Problems
- Orthopedic Issues
- Physical Limitations
- Skin Problems
- Sleep Problems
- Vision (Contacts/Glasses)
- Other Physical Health Concern

### Mental Health

- ADD/ADHD
- Cognitive Difference
- Depression and/or Anxiety
- Eating Disorder
- Learning Difference
- Self Harm
- Substance Abuse/ Addiction
- Suicidal Ideation or Attempt
- Other Mental Health Concern

### Nutritional Needs

- Dairy Free/ Lactose Intolerance
- Gluten Free
- Vegan
- Vegetarian
- Other Nutritional Needs

***Please contact the Chewonki Health Center at least two weeks in advance of your child's trip if any special accommodations are necessary for a safe, health, and appropriate experience.***

**Please list or explain any participant allergies. Include the allergen, reaction, and severity.** Be clear and specific about what can set off a reaction. (Chewonki protocol requires a 911 call if epinephrine is used).

**Please explain any items checked above. Use additional sheets if necessary.**

**Last Tetanus:** \_\_\_\_/\_\_\_\_ ( If not within the last 10 years we recommend a booster)

Participant Name (last, first) \_\_\_\_\_

**Medication Policy:** All medications at Chewonki will be kept in the first aid kit and administered by our trained staff unless other arrangements have been made through the school/organization.

- A doctor prescription or pharmacy label is required for all medications given at Chewonki, including but not limited to: prescriptions, over-the-counter medications, vitamins, or any supplements.
- All medications, supplements, etc need to be in their original container. Any medication, supplements, or vitamins in a plastic bag or paper envelope will not be administered.
- Students may carry and self-administer rescue medications with signed permission from their doctor and parent/guardian.
- Chewonki provides regular over-the-counter medications for minor illness (headache, cramps, cold & flu, sore throat, etc), we ask that your student NOT bring these medications UNLESS they are expected to take them on a daily basis. Medication Reason Dosage (mg) How often/when

Medication	Reason	Dosage	How often/when

*The medications listed below may be administered to your child on an as-needed basis per Chewonki protocol and standing orders. If you do not want your child to receive a medication listed below, please indicate by drawing a line through the item. **If you wish your child to receive an over-the-counter medication that is not listed below, a doctor's note is required.***

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| Acetaminophen/Tylenol (pain reliever)        | Delsym (cough)                     | loperamide (anti-diarrheal)        |
| Antibiotic ointment (prevent skin infection) | Ginger Chew (nausea/upset stomach) | Dramamine (motion sickness)        |
| Benadryl (allergic reaction)                 | Guaifenesin (cough expectorant)    | Pseudoephedrine (nasal congestion) |
| Claratin (seasonal allergies)                | Hydrocortisone 1% (itchiness)      | Tums (indigestion)                 |
|  | Ibuprofen (pain reliever)          | Zyrtec (seasonal allergies)        |

**Insurance Information:**

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 No coverage

**CONSENT:** Consent is hereby given for the participant listed above to attend a Chewonki Foundation program.

- I understand that the program may include activities on a farm, swimming, or boating, and take place in a semi-wilderness or remote environment where access to a medical facility may be delayed by distance and that each participant must bring clothing and footwear appropriate for the weather and/or activity for comfort and warmth.
- I understand that Chewonki staff will contact me or the emergency contact listed above if first aid is needed while this participant is on campus.
- If neither contact can be reached immediately, I give permission for Chewonki staff to provide first aid treatment or seek emergency medical attention for this participant.
- 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.
- I understand that the program may include participant transportation in a Chewonki 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 vehicles unless caused by its or their gross negligence or willful misconduct.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_