CHEWONKI

ADULT HEALTH HISTORY AND CONSENT

This form must be completed before participation in Chewonki programs. Chewonki staff are trained in outdoor skills and remote first aid and do not have the extensive training needed to care for complex physical or mental requirements. In certain circumstances, Chewonki may require your physician's approval to participate in programming.

Last Name:_____ First Name:_____ Date of Birth:_____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Emergency Contact Name: _____ Best Phone #: _____

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
- ❏ Bleeding/ Clotting Disorder
- ❏ Cancer
- ❏ Circulatory Problems
- ❏ Diabetes
- ❏ Dizziness/ Fainting
- ❏ Ear, Eye, Nose, Throat problems, issues, or infections
- ❏ Epilepsy or other seizure disorder
- ❏ Gastrointestinal Tract Issues, Ulcers
- ❏ Headaches
- ❏ Head Injury, Concussion
- ❏ Heart Defect/ Disease
- ❏ Hearing Impairment
- ❏ Hormone or Thyroid Issue
- ❏ Hospitalization or Surgery
- ❏ Hypertension, High Blood Pressure
- ❏ Neurological Problems
- ❏ Orthopedic Issues
- ❏ Past Serious Injury
- ❏ Physical Limitations
- ❏ Skin Problems
- ❏ Sleep Problems
- ❏ Vision (Contacts/Glasses)
- ❏ Other Physical Health Concern

Mental Health

- ❏ Anxiety/ Panic Attacks
- ❏ Cognitive Difference
- ❏ Depression
- ❏ Eating Disorder (anorexia, bulimia, etc)
- ❏ 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

Latest Tetanus: _____ (Mon/Year: If not within the past 10 years of participation, then we recommend a booster)

Please provide additional details on items checked above. For allergies, including: 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).

Participant Name (Last, First): _____

Medication	Reason	Dosage (mg)	How often/when

Insurance Information:
Medical Insurance Company:_____ Policy #:_____

☐ No coverage

Assumption of Risk/Responsibility (Please read and *initial* each and sign below)

_____ The information I have provided is accurate, timely, and truthful.

_____ By omitting information I may delay or misguide care that is being provided by emergency responders

_____ Chewonki's staff is committed to keeping confidential and secure any information that I have provided on this form, and will only access this information in an emergency or urgent care situation.

_____ I give Chewonki's staff permission to share my health information with other professional care providers and/or program or department managers on a "need to know" basis to act in my best interest.

_____ I am willing to accept the additional risk to my health and safety that may come from omitting information on this form. I will not hold Chewonki Foundation, its Health Center staff, or other emergency responders liable for any problems that may arise as a result of this lack of information.

_____ I give permission for Chewonki Foundation staff to provide first aid treatment as necessary.

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 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 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 willful misconduct.
- In the event I am unable to provide consent, 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, White Mountain National Forest, and North Maine Woods Inc. I agree to indemnify and hold harmless the above named agencies, companies, and organizations from any and all claims.

Signature of Participant: _____ Date: _____