

Group Name: _____



Adult Health History & Consent Form

CHEWONKI

Program Dates: ____/____/____ - ____/____/____

This form must be completed before participation in Chewonki programs. Please read and answer ALL questions. For participants under 18 the Youth Health History form must be completed by a parent/legal guardian.

Last Name: _____ First Name: _____

Nickname: _____ Gender: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____

Home Address: _____

Cell Phone: (____) _____ - _____

Emergency Contact Name: _____

Relationship: _____

Best Phone #: (____) _____ - _____ Alt 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

- 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

Mental Health

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

Covid 19 Vaccine _____ (if two dose series, please list both dates)

*****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, healthy, and appropriate experience. *****

Please provide additional details on 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).

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

Participant Name (Last, First): _____

Medication	Reason	Dosage (mg)	How often/when

Insurance Coverage Information

Medical Insurance Company: _____ Policy #: _____

No coverage

Assumption of Risk/Responsibility (Please read and initial each line item, then sign and date 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 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 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 treatment 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: _____ / _____ / _____