



School/Group Name: _____

Youth Health History & Consent Form

This form must be filled out by a parent or guardian. Please read ALL questions.

Participant Contact Information

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Pronouns: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____ Email: _____ Phone: _____ Check Box
If TEXT is okay

Parent/Guardian 2: _____ Email: _____ Phone: _____ Check Box
If TEXT is okay

Emergency Contact (non-parent): _____ Phone: _____ Check Box
If TEXT is okay

Relationship: _____

Participant Medical Information

Please review the following and check 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 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
- Menstrual Cramps, Irregular Menstruation
- Neurological Problems
- Orthopedic Issues
- Past Serious Injury
- Physical Limitations
- Skin Problems
- Sleepwalking
- Vision (Contacts/Glasses)
- Other Physical Health Concern

Mental Health

- ADD / ADHD
- Anxiety / Panic Attacks
- Cognitive Difference
- Depression
- Eating Disorder (anorexia, bulimia, etc.)
- Learning Difference
- IEP (Provide details below)
- Self Harm
- Substance Abuse / Addiction
- Suicidal Ideation or Attempt
- Other Mental Health Concerns

Nutritional Needs

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

If you checked any of the boxes above, please provide additional information in the space provided on the next page, or on a separate piece of paper. For allergies include the allergen, type of reaction, and severity of the reaction. Be clear and specific about what can set off a reaction. **NOTE:** Chewonki's protocol requires a 911 call if epinephrine is administered.)

Participant Name (Last, First): _____ School/Group Name: _____

Use this page to provide additional information about health issues and concerns identified on the first page.

Allergies:

Physical Concerns/Issues:

Mental Health Concerns/Issues:

Nutritional Concerns/Issues:

Participant Name (Last, First): _____ School/Group Name: _____

Latest Tetanus: _____ (If not within the past 10 years from trip date, then we recommend a booster)

Is this participant vaccinated against COVID-19? Yes No

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 healthy and safe experience.

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's prescription or pharmacy label is required for all medications given at Chewonki, including but not limited to prescriptions, over-the-counter medications, vitamins, or supplements.
- All medications, supplements, etc., need to be in their original container. Any medications, 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, however a spare medication must be provided and carried by the trip leader.
- Chewonki provides regular over-the-counter medications for minor illness (headache, cramps, cold & flu, sore throat, etc.), we ask that your students NOT bring these medications UNLESS they are expected to take them on a daily basis.

Medications	Reason	Dosage (mg)	How often/when

Over-The-Counter Medications:

The medications listed below may be administered to your child on an as-needed basis per Chewonki protocol and standing orders. If you wish your students to receive an over-the-counter medication that is not listed below, a doctor's note is required.

If you do not want your child to receive a medication listed below, **check the "do not give" box**. My signature below indicates my permission that all medications listed below may be given to my child on an as-needed basis.

Do Not Give:

- Acetaminophen / Tylenol (pain reliever)
- Antibiotic ointment (prevent skin infection)
- Benadryl (allergic reaction)
- Claritin (seasonal allergies)
- Ginger Chew (nausea/upset stomach)
- Guaifenesin (cough expectorant)

Do Not Give:

- Hydrocortisone 1% (itchiness)
- Ibuprofen (pain reliever)
- Dramamine (motion sickness)
- Tums (indigestion)
- Zyrtec (seasonal allergies)

Insurance Information:

Medical Insurance Company:

No Coverage

Participant Name (Last, First): _____ School/Group Name: _____

Parent Consent & Liability Waiver

Consent is hereby given for the applicant to attend a Chewonki Foundation Outdoor Education program.

- I give permission for Chewonki Foundation staff to provide first aid and emergency medical treatment as necessary.
- I understand that the program may include a camping experience in a remote 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.
- I give permission for Chewonki staff to transport my child to a local physician and/or to activate emergency medical services when deemed necessary.
- 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.

Parent Signature: _____ Date: _____