

School/Group Name:

Youth Health History & Consent Form

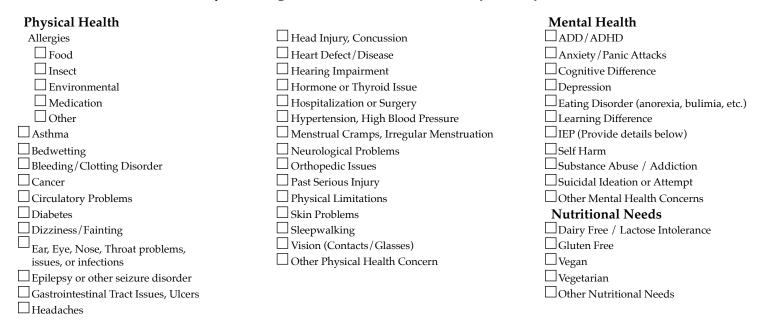
This form must be filled out by a parent or guardian. Please read ALL questions.

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-parer	nt):		Phone:		Check Box
Relationship:					

Participant Medical Information

Please review the following and check items that are a past or present concern/issue.



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.)

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?	\bigcirc Yes	\bigcirc No
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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, <u>check the "do not give" box</u>. 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:

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 abovenamed 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:	