Program Participant Health History Form

Name_____ Birth Date _____

Home Phone _____ Cell Phone: _____

Home Address_____
Number & Street City State Zip

*Parent/Legal Guardian*_____ Home Phone (_____)_____

Permanent Address_____
Number & Street City State Zip
Cell Phone (_____)_____ Work Phone (_____)_____

Address & Phone during student trip (if different from above):
Phone_____

_____
Number & Street City State Zip

Second Parent/Legal Guardian_____ Relationship_____

Permanent Address_____
Number & Street City State Zip
Cell Phone (_____)_____ Work Phone (_____)_____

Address & Phone during student trip (if different from above):
Phone_____

_____
Number & Street City State Zip

Emergency Contact_____ Relationship_____

Address_____
Number & Street City State Zip

Home Phone (____)_____Cell Phone (____)_____

Work Phone (_____)_____

Immunization History

Vaccines	*Year of Last Booster*
DTP (Diptheria, Pertussis, Tetanus)	
Haemophillus Influenza B	
Tetanus/Diptheria]**DT**	
Polio (OPV)/ INJ POLIO	
MMR (measles, mumps, Rubella)	
Varicella (Chicken Pox vaccine)	
Hepatits B (Three series dates)	

Health History

Height_____ Weight_____

Give a brief explanation of the following, if they apply, to assist our medical staff in helping your camper.

Is participant currently under the care of a counselor/therapist?_____ If, yes, please explain_____

_____

Any specific activities to be encouraged or limited by physician's advice?_____

Any dietary restricitions?_____

Date of last physical examination_____

Suggestions or heath related information for program personnel_____

(Female only) Menstrual history normal?_____ Special considerations?_____

If applicable, circle & give approximate dates. Give an explanation below.

ADD/ADHD_____ Serious Injuries_____

Ear, Nose, Throat Disorder_____ Disability or chronic recurring illness_____

Heart defect/disease_____ Suicidal Thoughts/attempts_____

Seizures_____ Orthodontic Appliances_____
Eating Disorder_____ Mononucleosis (w/in past year)_____

Bleeding/clotting disorders_____ HIV/AIDS_____

Hypertension_____ Strep Throat_____

Operations_____ Headaches_____

Sleep Walking_____ Bed Wetting_____

Depression_____ Low Self-esteem_____

Diabetes_____

Asthma (does your child use a peak flow meter?)_____

ALLERGIES

Poison Ivy_____ Insect Stings _____

Drugs_____Foods_____

Grass, weeds, pollen_____

Give an explanation of any items circled above. Please include current medications. Attach a separate sheet if necessary.

_____

_____

_____

_____

_____

_____

Parent/Guardian Emergency Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I understand that the health information about my child will be shared on a 'need to know' basis with other Coldwater staff. I hereby give permission to the medical personnel attending to the treatment of my child to order x-rays, routine tests and treatment for my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I give permission to the camp to arrange for necessary related transportation for my child. This form may be photocopied for use out of camp.

Signature of Parent/Legal Guardian_____

Witness Signature (**Required**) _____

Date _____

Photo Release Form

I grant to Coldwater Foundation, the right to take photographs of me and my family in connection with this Coldwater Foundation event. I authorize Coldwater Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Coldwater Foundation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature_____

Printed Name_____

Address_____

Date_____

Signature, parent or guardian_____

(if under age 18)