



AMERICAN YOUTH FOUNDATION HEALTH HISTORY FORM

Please answer all questions here thoroughly; please review the statement on the back and sign. This information is important for you or your child's safety. All information will be kept **confidential** unless needed in an emergency situation. Please provide all information to ensure the participant receives quality care.

BIOGRAPHICAL INFORMATION

School, Program or Group Name: _____ Date(s) of Program: _____

Participant's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ ZIP: _____

HEALTH HISTORY INFORMATION

Has participant experienced any of the following (please provide further explanation below):

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergy to Bee Stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Allergy to Medication | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Allergy to Foods | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Back Condition | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Strokes |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Hemophilia | |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Hypertension | |

If any of the above boxes are checked, please explain: _____

1. Is the participant taking any medications? Yes ___ No ___ If yes, explain and list all medications, dosages and times.

2. Does the participant have any sensory, cognitive, or physical disabilities? Yes ___ No ___ If yes, explain: _____

3. Does the participant have any mobility impairment? Yes _____ No ___ If yes, explain: __

4. Any allergic reactions? _____

5. Does the allergy require an epi-pen? Yes _____ No _____ If yes, when was it last administered? _____

6. Does the participant have any dietary restrictions? _____

7. Will the participant be bringing an inhaler? Yes _____ No _____

8. Has the participant been treated or hospitalized in the last 24 months? If yes, for what injury or illness? _____

EMERGENCY INFORMATION

In case of emergency please contact those listed below - must be parent or legal guardian if under 18

1. Primary Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

2. Secondary Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK and PERMISSION FOR MEDICAL CARE

Dear Participant and Parent(s)/Guardian(s):

We believe people seek adventure. The American Youth Foundation's Miniwanca provides an ideal environment for exploring new activities in a structured manner. However, some of the activities may involve risks that people do not encounter every day.

At the American Youth Foundation we take every reasonable precaution to conduct safe programs, to inform individuals and families of inherent risks and to provide adequate insurance coverage. This letter is one effort to apprise you of our concern for our participants' safety and to seek your cooperation.

Risk management is an essential element of the activities we offer and we observe standard precautions. We conduct our programs according to practices and procedures recommended by the American Camping Association and the Association for Experiential Education. Our risk management program includes specific criteria for staff selection, training, and supervision, written policies and procedures, reporting and review of incidents, and outside reviews of our programs. While we anticipate our professional supervision will ensure the well being of each participant, we are also aware it is not possible to foresee every contingency or to eliminate all risk.

Examples of activities in our programs at the American Youth Foundation's Miniwanca during program seasons could include traveling in AYF vehicles, horseback riding, swimming, sailing, canoeing, kayaking, rowing, camping, using stove and open fires, and using ropes/obstacle courses that may be 50 feet high or more. Attendant risks include collision, capsizing, burns and falling. Environmental risks include inclement and unpredictable weather, deep and or cold water, rapidly moving water, falling objects, insects, hypo- and hyperthermia (lower and elevated body temperatures), sunburn, allergic reactions and other injuries or illnesses. There are of course, other risks inherent in our activities, including emotional or social risks inherent of community living and group activities.

To assure us that you understand the kinds of activities and risks involved in AYF programs, the participant and Parent(s)/Guardian(s) of any participant under 18, are asked to sign the statement below and return it along with the other required forms. Your signature(s) will confirm that you have read this statement and that you acknowledge and accept the risks involved in our programs and the responsibility to come prepared for the program.

Sincerely,
Anna Kay Vorsteg, Executive Director
American Youth Foundation

To: American Youth Foundation

I, _____, who will be attending an American Youth Foundation (AYF) program have read the above statement and understand there are risks involved in AYF activities like those described in this statement. I accept those risks as a part of my participation.

I am also aware that my (my child's) school or sponsoring agency is ultimately responsible for medical care of me/my child. However, in the event of an emergency, I give permission to the American Youth Foundation and their staff or designated personnel to hospitalize and/or secure proper treatment for me/my child mentioned above. I have also indicated any medical information that will ensure the proper treatment and well being of me/my child.

Signature of a Parent or Legal Guardian
(If participant is under 18)

Date

Signature of the Participant

Date

PLEASE NOTE FOR PARTICIPANTS UNDER THE AGE OF 18: If the participant has an allergy requiring an epinephrine kit or pen, asthma requiring an inhaler or currently taking medications, these items should be turned in to the group's chaperone or advisor. If this is an open enrollment program these items should be given to the AYF staff member. It is recommended that participants requiring an epinephrine kit or pen or an inhaler bring two, so that one can be carried with the participant and one can be carried by the chaperone of the group at all times.