



One form must be completed for each participant. Please send to:

Bryant Pond	Tanglewood and Blueberry Cove
PO Box 188	1 Tanglewood Rd
Bryant Pond, ME 04219	Lincolnville, ME 04849
Questions?	Questions?
207-665-2068	207-789-5868
extension.bryantpond@maine.edu	extension.tanglewood4h@maine.edu

Health History for Summer Camp and Expeditions

Name: Last _____ First _____ MI _____ Preferred _____

Home Address _____

Birth Date _____ Gender _____

Custodial parent(s) or guardian(s) (if under 18):

Name _____ Phone: Home _____ Cell _____ Work _____

Name _____ Phone: Home _____ Cell _____ Work _____

Home address (if different from above) _____

If you are not available in an emergency whom should we notify?

Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

Address _____

Insurance Information

Is this person covered by family medical and hospital insurance? Yes _____ No _____

If so, provide carrier and plan name _____ Group # _____

A photocopy of both sides of your insurance card must be attached to this form.

Parents or Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all program activities except as noted in this Health History. I hereby give permission to the UMaine 4-H Camp & Learning Center staff to conduct a health check for head lice and skin conditions, and to provide routine health care, administer prescribed or other medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to UMaine 4-H Camp & Learning Center staff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by UMaine 4-H Camp & Learning Center staff to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips leaving base camp.

Parent, Guardian, or Adult Participant Signature* _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in program activities by medical personnel.

Minor or Adult Participant Signature* _____ Date _____

*If for religious reasons you cannot sign this, contact the UMaine 4-H Camp & Learning Center for a legal waiver that must be signed to allow attendance.

Health History

The information provided here by the parent, guardian, or adult participant is intended to provide UMaine 4-H Camp & Learning Center health care personnel with the background needed to provide appropriate care, and the program personnel with the information needed to provide a safe, healthy, and appropriate camp experience. Any changes to this information should be provided to health care personnel upon arrival at camp. This information will not be used to exclude a participant from participation unless the participant cannot perform program requirements with or without a reasonable accommodation or is determined to be a direct threat to the health or safety of others.

Allergies

1. Is this person allergic to any food, medication, or other substance? Yes ____ No ____
If yes, please list all allergens and describe your child's reaction to them:

2. Has this person ever had any unusual reaction to an insect bite or bee sting? Yes ____ No ____
If yes, please explain:

Medications

1. Does this person currently take a prescribed medication or treatment (including over-the-counter and homeopathic remedies)? Yes ____ No ____ If yes, please complete the Medications section of this form.
2. Does this person self-administer any medication, such as an inhaler, or carry an epipen or anakit? Yes ____ No ____
3. If it is found necessary by the UMaine 4-H Camp & Learning Center health care personnel, do you consent to this person being given common, over-the-counter medications such as Benadryl, Caladryl, Tylenol, Advil, Motrin, Pepto Bismol, Maalox, Imodium, Tums, Sudafed, cough medicine. Yes ____ No ____

Comments: _____
