



Education Health Form

(Mandatory for **ALL** participants)

Participant Name: _____

Participant Home Address: _____

City: _____

State: _____ Zip Code: _____

Birth Date: ___/___/___ Gender: F M

School: _____

Grade: _____

CBF Program: _____

Program Date: ___/___/___

Emergency Contact

Name: _____

Address if different than student: _____

City: _____

State: _____ Zip Code: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Alternative Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Over →

Health History:

Please check below if participant has a history of, or currently has any of the following conditions:

CONDITION	History	Current
Asthma	<input type="radio"/>	<input type="radio"/>
Heart Defect/Disease	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Bleeding/Clotting Disorder	<input type="radio"/>	<input type="radio"/>
Other: _____		

Does the participant have any allergies to medications, food or environmental factors? (ie, bees, grass, nuts, etc.) Yes No

If so, please provide information about the severity and history of reactions.

Does the participant carry an epi-pen or inhaler? Yes No

If so, please explain.

Please provide any other important health related information about participant.

I give permission for me / my child to be administered the following medications as needed for minor discomfort.

- Tylenol Advil Benadryl Cough drops
- Sudafed Antacid Other _____

Office Use Only:

Season: Spring Summer Fall

Teacher: _____

County: _____ State: _____

READ AND SIGN THE FOLLOWING MEDICAL RELEASE:

This health history provided in this document is correct so far as I know. I understand that participation in Chesapeake Bay Foundation (CBF) activities is entirely voluntary. I understand that the CBF field programs may involve boating (by canoe, kayak, sail and/or motor), hiking, camping, fishing and other outdoor activities. I know and understand the risks and danger involved in the above-named activities and I know and understand that unanticipated danger might arise. I hereby release CBF from any responsibility for injury which might occur as a result of participation in CBF activities except for those determined to be a result of gross negligence on the part of CBF. I give permission for (participant's name) _____ to participate in all field program activities, except as noted above. I also give permission to authorized personnel to carry out emergency diagnostic and therapeutic procedures as may be necessary for me / my child, and also permit such treatment procedures to be carried out at and by a local hospital for me / my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

THIS SIGNATURE IS A REQUIREMENT FOR ALL PARTICIPANTS.

Parent/Guardian or Adult Participant Signature: _____

Date: _____



READ AND SIGN THE FOLLOWING PHOTO RELEASE:

In order to promote our educational programs, CBF sometimes uses participants' names, voices and/or photographs in connection with media resources, but not as an endorsement. Please sign below if you *agree to grant* CBF permission to use you or your child's name, voice and/or photographs in connection with audio-visual productions, voice and/or photographs.

Parent/Guardian or Adult Participant Signature: _____

Date: _____