



Multi-Day Health Form

Participant Name: _____

CBF Program/ Course: _____

Program/ Course Date: _____

Participant Home Address: _____

City: _____

State: _____ Zip Code: _____

Birth date: _____

School: _____

Grade (if applicable): _____

Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

I give permission for CBF Staff to administer me/my child the following medications as needed for minor discomfort. Medication will only be administered by CBF Staff certified as Wilderness First Responder and effort will be made to first contact the designated parent/ guardian.
 Tylenol Advil Benadryl Cough drops
 Sudafed Antacid

Please provide any other important health related information about participant.

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? (i.e., 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.

Does the participant have any Physical, cognitive, or sensory condition that would require consideration?

Yes No

Does the participant take any prescription or non-prescription medications during the course?

Yes No

If yes, please provide details (Medication, dosage, date prescribed and for what condition)

COVID-19 Health Screening

We thank you in advance for your transparency and cooperation that will help us maintain a safe and healthy environment for all CBF employees, volunteers, and participants.

The Health Survey questions below must be completed within 24 hours of attending the program.

- The individual will not attend if on the day of the event they have a temperature exceeding 100°F (37.8°C) and/or other common CDC identified covid symptoms.
- You Affirm that you will NOT attend if you have been diagnosed with Covid-19 and are not yet cleared as non-contagious
- You Affirm that you have tested negative within 24 hours of attending the program if you have been exposed to a confirmed or suspected case of Covid-19

COVID19 Affidavit

I understand that the accuracy of my responses may affect the safety of the program and the health of those with whom I am participating. By signing below, I am certifying that I will conduct the COVID Health Screening prior to the event and adhere to all screening criteria above.

Final Agreements

All the above information is to the best of my knowledge, correct. I understand that participation in CBF activities is entirely voluntary. CBF has implemented best practices aimed at preventing the spread of the COVID-19 virus; however, I understand that participation in an event includes possible exposure to illness from viruses including but not limited to COVID-19. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19. I understand that the CBF event may involve “hands on” activities such as planting trees, using equipment, or wading in shallow water; and I understand the risks and dangers involved in the above-named activities. I know and understand that unanticipated dangers might arise. I hereby release CBF from any responsibility for injury which might occur as a result of participation in CBF activities. I give permission to authorize personnel to carry out such 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 the local hospital(s) 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.

I hereby grant permission for the individual or minor identified above to participate in all field activities, except as otherwise noted.

Signature of Participant or Parent/Guardian _____ Date: _____

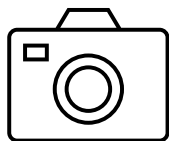


PHOTO RELEASE: I hereby grant the Chesapeake Bay Foundation the unconditional right to use my/my child's name, voice, and photographic likeness of me /my child in connection with any of their audio video production, articles, website materials or press releases, but not as an endorsement.

Initials _____