



CHESAPEAKE BAY FOUNDATION
Saving a National Treasure

Education Health Form (Mandatory for ALL participants)

School: _____

Grade (if applicable) _____

Participant Home Address: _____

City: _____

State: _____ **Zip Code:** _____

Birth Date: ____/____/____ **Gender:** F / M

CBF Program: _____

Program Date: ____/____/____

Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Alternative Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Health History:

Participant Name: _____

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

<u>CONDITION</u>	<u>History</u>	<u>Current</u>
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 student 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: _____



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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 student, and also permit such treatment procedures to be carried out at and by a local hospital for me / my student 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 student's name, voice and/or photographs in connection with audio-visual productions, voice and/or photographs.

Parent/Guardian or Adult Participant Signature: _____

We would like to receive e-mail updates from the Chesapeake Bay Foundation:

Parent/Guardian's e-mail: _____ and/or Student's e-mail: _____