CHESAPEAKE BAY FOUNDATION
Saving a National Treasure

EDUCATION HEALTH FORM

(*Mandatory for **ALL** participants*)

Office Use Only:			
Season:	Spring	Summer	Fall
Teacher:			
County:		State:	

Participant Name: _____
Last *First*

Birth Date: ___ / ___ / ___ **Gender: F / M** **Grade (if applicable): ___**

School:_____ **City:**_____ **State:**____

Program Date: ___ / ___ / ___ **CBF Program:**_____

HEALTH HISTORY

Does the participant have any allergies to medications, food or environmental factors (ie. bees, grass, etc.)? If so, please provide information about the severity and history of reactions.

_____
_____

Does the participant carry an epi-pen or inhaler? If so, please explain._____
_____

Are there any specific activities to be encouraged, limited or avoided? If so, please explain.

_____
_____

Does participant have a current tetanus shot? YES NO **Date of shot**: __ / __ / __

List all current medications participant is using. ***(Send directions if to be administered. And when last dosage was given).***

_____
_____

Does participant have any special dietary restrictions? YES NO **If so, please explain below.**

_____
_____

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

CONDITION	History	Current	CONDITION	History	Current
Heart Defect / Disease	o	o	Epilepsy	o	o
Diabetes	o	o	Bleeding / Clotting Disorders	o	o
Hypertension	o	o	Asthma	o	o
OTHER: _____	o	o			

I give permission for me / my child to be administered the following medications as needed for minor discomfort.
o Tylenol o Advil o Benadryl o Cough drops o Sudafed o Antacid o Other_____

Please provide any other important health related information about participant.

_____
_____

OVER

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PARTICIPANT INFORMATION

Home Address: _____ City:_____ State:____ Zip:_____

Parent/Guardian (*minor participants only*): _____ Relationship: _____

Wk Phone: _____ Home Phone: _____ Cell Phone: _____

Student Cell Phone (if applicable): _____

Family Physician: _____ Office Phone: ( )_____

Insurance Company:_____ Policy # / ID #: _____

EMERGENCY CONTACT

o *Check here if same as above parent/guardian.*

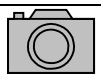
Name: _____ Relationship: _____

Wk Phone: ( )_____ Home Phone: ( )_____ Cell Phone: ( )_____

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: _____

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

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