



Please answer all questions thoroughly; review the statement on the back and sign. This information is important for you and your child's safety. All information will be kept **confidential** unless needed in an emergency situation. Please provide all information to ensure the participant receives quality care.

## Health History Form

### Biographical Information

School, Program or Group Name: \_\_\_\_\_ Date(s) of Program: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Health History Information

Has participant experienced any of the following (please provide further explanation below):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergy to bee stings | <input type="checkbox"/> Chronic illness          | <input type="checkbox"/> Hemophilia      |
| <input type="checkbox"/> Allergy to medication | <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Hypertension    |
| <input type="checkbox"/> Allergy to foods      | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Epilepsy/Seizures        | <input type="checkbox"/> Lung disease    |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Fainting spells          | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Back condition        | <input type="checkbox"/> Frequent colds           | <input type="checkbox"/> Sleep walking   |
| <input type="checkbox"/> Balance problems      | <input type="checkbox"/> Head injury              | <input type="checkbox"/> Strokes         |
| <input type="checkbox"/> Bed wetting           | <input type="checkbox"/> Heart disease/defect     | <input type="checkbox"/> Other: _____    |

If any of the above boxes are checked, please explain: \_\_\_\_\_

- Is the participant taking any medications?  Yes  No If yes, explain and list all medications, dosages and times:  
\_\_\_\_\_
- Does the participant have any sensory, cognitive or physical disabilities?  Yes  No If yes, explain: \_\_\_\_\_
- Does the participant have any mobility impairment?  Yes  No If yes, explain: \_\_\_\_\_
- Any allergic reactions?  Yes  No If yes, explain: \_\_\_\_\_
- Does the allergy require an epi-pen?  Yes  No If yes, when was it last administered? \_\_\_\_\_
- Does the participant have any dietary restrictions?  Yes  No If yes, explain: \_\_\_\_\_
- Will the participant be bringing an inhaler?  Yes  No
- Has the participant been treated or hospitalized in the last 24 months?  Yes  No If yes, for what injury or illness? \_\_\_\_\_

### Emergency Information

In case of emergency, please contact those listed below - must be parent or legal guardian if under 18:

- Primary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone, Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
- Secondary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone, Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Acknowledgement and Assumption of Risk

We believe young people seek adventure. Miniwanca provides an ideal environment for exploring new activities in a structured manner. However, some of the activities may involve risks young people do not encounter every day. At the American Youth Foundation we make reasonable efforts to conduct safe programs and to inform families of inherent risks and to provide adequate insurance coverage.

Risk management is an essential element of the activities we offer and we observe reasonable precautions. We conduct our programs according to the practices and procedures recommended by the American Camping Association (ACA) and state licensing requirements. Our risk management program includes staff selection criteria, training and supervision, written policies and procedures for activities, systematic review of incidents for improvements, and outside reviews of our programs. While we anticipate our careful supervision will protect the well-being of each participant, we are also aware it is possible neither to foresee every contingency nor to eliminate all risk.

Examples of activities that may occur in our programs at Miniwanca include traveling in AYF vehicles, horseback riding, swimming, sailing, canoeing, kayaking, camping, using stoves and open fire, using ropes/obstacle courses that may be 50 feet high or more. Consider the obvious risks of these activities. Inherent risks include collision, capsizing, burns and falling. In addition, many of our programs include travel through remote backcountry terrain where cell phone and communication services may not be available, and where groups may be more than an hour removed from professional emergency medical care. Environmental risks include inclement and unpredictable weather, deep and or cold water, rapidly moving water, falling objects, insects, lowered and elevated body temperatures, sunburn, allergic reactions and other injuries and illnesses. There are, of course, other problems that could impact our activities.

To ensure us that you understand the kinds of activities and risks involved in AYF programs, I ask parents to sign below. Your signature will confirm that both parents and participants have read this letter and that you acknowledge and accept the risks involved in our programs and the responsibility to come prepared for camp. In signing the statement, parents/guardians grant permission to the participants to attend, and parents and participants acknowledge having read and understood the above statement.

Anna Kay Vorsteg  
President  
American Youth Foundation

To: American Youth Foundation

I, \_\_\_\_\_, who will be attending an American Youth Foundation (AYF) program, have read the above statement and understand there are risks involved in AYF activities like those described in this statement. I accept those risks as a part of my participation.

I am also aware that my (my child's) school or sponsoring agency is ultimately responsible for medical care of me/my child. However, in the event of an emergency, I give permission to the American Youth Foundation and their staff or designated personnel to hospitalize and/or secure proper treatment for me/my child mentioned above. I have also indicated any medical information that will ensure the proper treatment and well being of me/my child.

I give permission for AYF to use photographs, video and statements from me/my child for education and promotional purposes, including brochures, websites and slideshows. I waive the right for any future claims, including remuneration.

\_\_\_\_\_  
Signature of a Parent or Legal Guardian  
(if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
Date

**Please note for participants under the age of 18:** If the participant has an allergy requiring an epinephrine kit or pen, asthma requiring an inhaler or currently taking medications, these items should be turned in to the group's chaperone or advisor. If this is an open enrollment program, these items should be given to the AYF staff member. It is recommended that participants requiring an epinephrine kit or pen or an inhaler bring two, so that one can be carried with the participant and one can be carried by the chaperone of the group at all times.