

Renaissance Adventures Health Form

Please read each question carefully. Parents must fill out a new health form every summer.

Date:

Participant's Name:	Gender:	Weight:	Height:	Age:
1. Parent's Name:	Home:	Cell:	Work:	
2. Parent's Name:	Home:	Cell:	Work:	
3. Doctor's Name & Address:			Phone:	
4. Dentist's Name & Address:			Phone:	
5. Health Insurance Company:		Policy #:		

In case of an emergency and a parent cannot be reached, please contact:

Name:	Relationship to child:	Phone #:
Name:	Relationship to child:	Phone #:

No Yes If parents cannot be reached, the above listed people have permission to take responsibility for my child.

Arrivals and Departures: My child has permission to be dropped off or picked up by the following people (other than parents):

Name:	Phone #:
Name:	Phone #:

No Yes My child has permission to sign in and out on his own and to wait on his own before and after camp. I assume responsibility for my child and do not hold RA liable during unsupervised times before and after the event.

Note: If you are late, and your child does not have permission to wait on his own, late fees will apply as stated in the Parent Guide.

Medical History

No Yes Does your child have any disabilities - mental or physical? (Depression, ADD, hearing, etc...)

No Yes Does your child have any fears or phobias?

No Yes Does your child have a history of asthma or respiratory problems?

No Yes Has your child been directed to carry an inhaler or other breathing device?

No Yes Does your child have any allergies, food, drug, or non-drug? **If yes, is this a serious (life threatening) allergy?**
Describe symptoms.

No Yes Don't know Is your child allergic to bee stings? **If yes, please answer the following questions:**

No Yes Has your child been directed to carry an epi kit?

No Yes Will it be with him/her at Adventure Quest Programs?

No Yes If so, does he/she understand when and how to use it?

No Yes Does your child have a history of heart problems?

No Yes Does your child wear glasses or contact lenses?

No Yes Has your child had any major injuries including head, back, neck, knees, or broken bones?

No Yes Is your child on a special diet?

No Yes Is there any physical activity that you do not want your child to do or that your doctor has restricted your child from doing?

No Yes Does your child have a condition requiring regular medication? (diabetes, epilepsy, allergies, asthma ...)

Participant's Name: _____

No Yes Does your child take psychotropic or mood altering drugs? **If yes, has the dosage changed within the past three months?**

No Yes Will your child be bringing medication to camp? **If yes, contact the RA office for a medication form (this requires a doctor's signature). The counselor must be informed whether or not the child needs assistance with medication.**

No Yes If your child takes medication, does the medication effect the child's health in certain situations such as strenuous exercise, hot weather, dehydration, direct sunlight, etc.

No Yes Is your child under treatment for any other illnesses or conditions?

Use the following lines to explain any of the above listed health questions for which you circled "Yes". If you need more room, write on the back of this sheet or attach a second page.

The following statements are important. Please answer them carefully.

No Yes I understand that I am encouraged, but not required, to inform RA staff of any mental, emotional or behavioral challenges, history of child abuse, or other information that could aid the staff in working effectively with my child.

No Yes I understand that RA is a mandatory reporter for child abuse. If there is a suspected case of child abuse it will be reported to Social Services. RA complies with Social Services to not inform the parents when a report is filed.

No Yes I believe that my child is in good health, and I affirm that my child's participation in RA programs will in no way aggravate any conditions present. If in doubt, I will seek and follow medical advice for my child.

No Yes The staff at RA have my consent to seek and/or administer emergency care for my child in the event that his health and well being is in jeopardy.

No Yes I have answered all of the above questions accurately and completely.

PARTICIPANT AGREEMENT, INDEMNIFICATION AND ACKNOWLEDGMENT OF RISK FOR MINORS
(Must be completed by parent or legal guardian for participants under the age of 18)

I hereby represent that the Minor is in good health, that there are no special problems associated with the care of the Minor, and that I have adequately informed RA personnel of any special instructions, limitations or needs, physical or mental regarding the Minor.

I understand that RA will not personally transport my child to a medical facility. RA will either call an ambulance or make arrangement with the parents or if parents cannot be reached, then a person indicated on this health form will transport the child. I understand that this decision will be made by RA based on the child's needs.

I authorize RA personnel to administer first aid or to call for medical care for the Minor or to arrange for the transport of the Minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the Minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the Minor, in their professional opinion. I agree that once the Minor is in the care of medical personnel or a medical facility, RA shall have no further responsibility for the Minor and I agree to pay all costs associated with such medical care and transportation.

Parent or Guardian's Signature: _____ Date: _____