

HEALTH HISTORY/CONSENT FORM

The Chewonki Foundation Wiscasset, ME 04578 (207) 882-7323

To be completed by Parent or Guardian if participant is under legal age

This form must be completed and signed before participation in Chewonki Foundation programs
Form will be reviewed by Chewonki teacher and/or nurse.

Participant's Name _____ School or Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Sex - **M** **F** Age _____ Birth date _____

Person to be notified in case of illness or injury _____

Relationship _____ Day Phone _____ Evening Phone _____

Health History - check those items that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Fainting | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Recent Concussion | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Serious Ivy/Oak Poisoning | <input type="checkbox"/> Cognitive Disability |

Please make sure that the school/organization informs Chewonki well in advance of any special accommodations necessary for the participant to have a safe, healthy, and appropriate experience.

Please explain any checked items:

Date of last Tetanus Booster _____ (If not within 10 years of participation, then we recommend booster.)

Any physical limitations or supports worn (give details of care required): _____

Operations or serious injuries (give details of care required): _____

Food limitations or requirements: _____

ALLERGIES: Bee Stings _____ Food _____ Drugs _____ Other _____

Please list any foods, drugs, plants, or animals that cause **allergic** reaction. Please describe the reaction:

If your child has a life threatening allergy: Be clear and specific about what type of exposure can set off a reaction, when to treat with antihistamine, and when to use epinephrine. Epinephrine brought by participant will be kept in their possession. *If epinephrine is administered, then an ambulance will be summoned.*

If needed, is your child able to self-administer their epinephrine? YES NO

ASTHMA: If your child has asthma:

Personal inhalers are kept in first aid kits and available as needed.

Has he/she had a serious episode within the past year? Yes No

If yes, then what were the signs and symptoms? What was the cause?

ADD/ADHD: If your child uses medication for an attention deficit we request that they continue on this medication while at Chewonki. Since a day at Chewonki is longer than the average school day, an afternoon dose may be warranted. Please discuss this with your child's physician. Be sure to provide Chewonki with clear, written instructions **and** please discuss any changes with your child.

