Clinton, Dubuque, Jackson County Conservation – 2020 Trips

Medical History Questionnaire

Name: _____ Date of Birth: _____
Address: _____City, State, Zip: _____
Family Medical Ins. Co.:_____ Policy #_____
Parent Contact(s):_____ Phone # (___) _____
Emergency Contact Name: _____ Phone # (___) _____
Physician: _____Phone# (___) _____

Note: Please check "YES" or "NO" and provide additional details where required.
ALL INFORMATION WILL REMAIN CONFIDENTIAL

1. Are you allergic to any medication (aspirin, penicillin, etc.)? No_____Yes_____
   List: _____
2. Do you take any medication on a permanent or semi-permanent basis?
   No_____ Yes_____ List with reason_____
3. Have you ever had a seizure? No_____Yes_____ When_____
4. Have you ever been told by a doctor that you have epilepsy? No_____ Yes_____When_____
5. Have you ever been treated for diabetes? No_____ Yes_____
6. Have you ever been told by a doctor that you were anemic? No_____ Yes_____When_____
7. Do you have or have you ever had high blood pressure? No_____ Yes_____ List medication_____
8. Do you have or have you ever had the following diseases?:

Hay fever	No_____	Yes_____	When_____
Fainting spells	No_____	Yes_____	When_____
Frequent diarrhea	No_____	Yes_____	When_____
Severe stomachaches	No_____	Yes_____	When_____
Menstrual problems	No_____	Yes_____	When_____
Earache or ear infection	No_____	Yes_____	When_____
Heart disease	No_____	Yes_____	When_____
Lung disease (pneumonia, etc.)	No_____	Yes_____	When_____
Kidney disease (infection, etc.)	No_____	Yes_____	When_____
Liver disease (mononucleosis, etc.)	No_____	Yes_____	When_____
Hepatitis	No_____	Yes_____	When_____

9. Have you ever been told by a doctor that you have asthma?
   No_____ Yes_____ List medication_____
10. Have you been "knocked out" (lost consciousness), had a concussion or head injury?
    No_____ Yes_____ When_____
11. Are you currently taking any behavior-modification medication?
    No_____ Yes_____ List medication_____
12. Do you have any known food/environmental allergies or dietary restrictions? No_____ Yes_____
    List allergies_____

IMMUNIZATIONS: Tetanus Toxoid - Date of last inoculation: _____

This medical history questionnaire is correct and complete to the best of our knowledge. We, the undersigned, acknowledge that omission of any requested information may result in jeopardizing the health of our child should they require emergency medical treatment. An intentional omission may prohibit out child from participating in the program.

Signature of Participant_____ Date_____

Signature of Parent/Guardian_____ Date_____

Emergency Medical Authorization

The attached health history questionnaire is correct to the best of our knowledge, and I am/my child is able to engage in all activities, except as noted by a physician and us. In the event of an emergency, I/we hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required by the emergency situation.

I/we give consent for the trip leaders to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I/we represent that I am/my child is in good physical condition, and I am/we are not aware of any disease or injury that would be aggravated or result in my/my child being incapacitated or injured during any program.

Signature of Participant_____ Date_____

Signature of Parent/Guardian_____ Date_____

Travel Authorization---Publicity/Image/Voice Permission---Liability/Medical Release

My child has permission to travel in a vehicle driven by Clinton, Dubuque & Jackson County Conservation employees.

Photographs or video/audio recordings may be taken of your child during camp activities. Unless you request otherwise, your registration will be considered permission to photograph, film, audio/video tape, record and/or televise the image and/or voice of your child for use in publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to the use of your child's image or voice in the manner, please notify trip leaders, in writing, prior to the event.

If I am/my child is injured or suffer any illness or disease while residing at and participating in this backpacking trip; except as may be caused by the grossly negligent or reckless conduct of the leaders of the program, and their agents, servants, employees, and volunteers, I/we agree to hold Clinton, Jackson, Dubuque County Conservation Board staff harmless of any said injury, illness or disease.

I/we further understand and agree to abide by the general rules of conduct prescribed for the guests of the this backpacking trip, and that violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the program.

I/we have read this release. I/we understand that it affects legal rights and responsibilities, and I/we hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of the Clinton, Dubuque and Jackson County Conservation Boards.

Signature of Participant_____ Date_____

Signature of Parent/Guardian_____ Date_____