IZAAK WALTON LEAGUE OF AMERICA
YOUTH CONVENTION LIABILITY AND RELEASE FORM

HEALTH HISTORY AND EMERGENCY INFORMATION PLEASE TYPE OR PRINT

NAME_____
LAST **FIRST** **MIDDLE**

ADRESS_____
STREET **CITY** **STATE** **ZIP**

HOME PHONE (___)_____ **CELL PHONE (___)**_____

Date of birth_____/_____/_____ **Age**_____ **Sex M**____ **F**____

Name of Parent/Legal Guardian_____

Emergency Contact Phone Home (_____)_____ **Business (____)** _____

Adult responsible for your child at convention: Name/Relationship_____

Hotel/ Room number_____**Cell Phone (___)**_____

Name of Family Physician _____**Phone (____)** _____

Date last seen by a physician _____**Reason** _____

Medical Insurance Provider: (Aetna, Blue Cross, etc.) _____

Policy Holder's Name: _____**Policy ID #:**_____

General Health and Medical History

1. Does participant have a disability or condition that could limit participation in certain activities? Yes ____ No ____
If yes, explain_____

2. Does the participant have any chronic illnesses? Yes _____ No _____ If "YES", please explain: _____

_____

3. Has participant had any recent serious illness, hospitalizations or surgery? Yes_____ No_____ If "YES", please explain:

_____

4. When was participant last immunized for:
Measles _____ **German measles (Rubella)** _____**Chicken Pox (Varicella)** _____ **Mumps** _____
Tetanus _____ **Diphtheria**_____ **Pertussis (Whooping Cough)**_____ **Polio**_____
Others_____

5. Does participant have any allergies?
Food (s) _____
Drugs _____ **Plants** _____ **Animals** _____
Insects _____ **Other**_____
Explain type of reaction and indicate medications used to treat: _____

_____

6. Does participant have any special dietary needs? If "YES", please explain:_____

_____

7. Does participant have a history of any of the following conditions?

( ) Fainting ( ) Convulsions/Seizures ( ) Stomach upsets/Irritable bowel ( ) Frequent headaches
( ) High blood pressure ( ) Menstrual cramps ( ) Asthma/other respiratory problem ( ) Heart condition
( ) Diabetes ( ) Hay Fever ( ) Ear infections
( ) Other (specify) _____

Please provide details for checked items:

_____

_____

_____

8. List ALL medications participant is taking: (Attach separate paper, if necessary)
(Medications <u>must</u> be in original container with prescription information and pharmacy/store labels)
<u>DO NOT PLACE MORE THAN ONE MEDICATION IN A CONTAINER</u>

Medication _____ used for _____
When taken _____
Medication _____ used for _____
When taken _____

All prescription medications must be given to the advisors, if needed during the day while on group activities.

9. Does participant have any physical, emotional, or social difficulties that could affect participation in convention events and/or for which special consideration should be given? Yes ____ No _____

If "Yes", please explain:_____

_____

10. Basic first aid will be provided by trained responders. Please indicate if we can provide the following:

( ) Ice packs ( ) Acetaminophen or ibuprofen for minor pain ( ) Splinter removal
( ) Poison Ivy lotion ( ) Cleaning of minor abrasions with soap and water ( ) Topical antibiotic ointment
( ) Band-aids
( ) Other (please specify) _____

My parent(s)/guardian and I have completed the above information and will assume responsibility for any noted activity restrictions. I will exercise good judgment in regard to my health, safety and well-being while participating in this convention. I will behave and act with respect toward my peers and all adults.

SIGNED (YOUTH) _____ DATE _____

THE ABOVE HEALTH HISTORY IS CORRECT SO FAR AS WE KNOW AND THE YOUTH NAMED ABOVE HAS PERMISSION TO ENGAGE IN ALL CONVENTION ACTIVITIES, EXCEPT AS NOTED. IN THE EVENT WE OR THE ADULT THEY ARE STAYING WITH (WHO IS NAMED ON THE FIRST PAGE) CANNOT BE REACHED IN AN EMERGENCY, WE HEREBY GIVE PERMISSION TO THE PHYSICIAN/HOSPITAL SELECTED BY THE CONVENTION ADVISORS TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY IN A LIFE-SAVING SITUATION FOR OUR CHILD WHILE ATTENDING THE IWLA NATIONAL YOUTH CONVENTION.

SIGNED (PARENT/GUARDIAN)_____DATE_____

Liability Release Statement – Each Participant Must Sign (Regardless Of Ages):
The parent(s)/guardian, by signing below, acknowledges these activities involve some risk and she/he assumes responsibility for her/his child and for any injury that may result from participating and also waives and releases all other participants, the hosts, sponsors, partners, instructors, the Izaak Walton League of America officials, and/or other parties involved in these activities from all claims and/or damage/injury incurred in connection with the Youth Convention of the Izaak Walton League of America.

SIGNED (GUARDIAN) _____ DATE_____

SIGNED (MOTHER) _____ DATE_____

SIGNED (FATHER) _____ DATE _____

RESPONSIBLE ADULTS ATTENDING: Please feel free to contact us:

JUDY LEFEBVRE, YOUTH CONVENTION CHAIRPERSON **lejudy@comcast.net**

REBECCA WADLER, CONSERVATION EDUCATION ASSOCIATE **rwadler@iwla.org**