

YOUTH CONVENTION HEALTH AND LIABILITY RELEASE FORM IZAAK WALTON LEAGUE OF AMERICA

HEALTH HISTORY AND EMERGENCY INFORMATION PLEASE TYPE OR PRINT

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

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 must be in original container with prescription information and pharmacy/store labels)

DO NOT PLACE MORE THAN ONE MEDICATION IN A CONTAINER

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

PLEASE TYPE OR PRINT

NAME _____
LAST FIRST MIDDLE

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

YOUTH CONVENTION COMMITTEE CHAIRPERSON

Jean Diedrich
(715) 341-3968 / jx5@charter.net

CLEAN WATER FELLOW (IWLA STAFF)

Samantha Roth
(301) 548-0150, ext. 222 / sroth@iwla.org