

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)

Note: Do not place more than one type of 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 (MOTHER) _____ DATE _____

SIGNED (FATHER) _____ DATE _____

SIGNED (GUARDIAN) _____ DATE _____

ANY QUESTIONS

Contact:

2022 National Youth Convention Host Chair – Audrey Scheider 2022iwlayc@gmail.com

IWLA Youth Convention Committee Chair – Lisa McIntyre lmcintyreiakes@yahoo.com

IWLA Staff Liaison – Earl Hower ehower@iwla.org