



IZAAK WALTON LEAGUE OF AMERICA (IWLA)
2025 IWLA NATIONAL YOUTH CONVENTION
HEALTH AND LIABILITY RELEASE FORM

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

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HEALTH AND LIABILITY RELEASE FORM (CONTINUED)**

Explain type of reaction and indicate medications used to treat: _____

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

7. Does the 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 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 the 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) _____

MORE ~

**2025 IWLA NATIONAL YOUTH CONVENTION
HEALTH AND LIABILITY RELEASE FORM (CONTINUED)**

Each participant must sign (regardless of age).

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 event we or the adult responsible for and who our child is staying with (who is named on first page) cannot be reached in an emergency, we hereby give permission to the physician/hospital selected by the youth convention advisors (adult chaperones) 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 (MOTHER) _____ **DATE** _____

SIGNED (FATHER) _____ **DATE** _____

SIGNED (GUARDIAN) _____ **DATE** _____

LIABILITY RELEASE STATEMENT

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 IWLA National Youth Convention.

I further consent to the unrestricted use by the Izaak Walton League of America and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of the child during the National Youth Convention.

Signature affirms full understanding of this waiver. Signature consents to child participation by Parent(s)/Guardian.

SIGNED (MOTHER) _____ **DATE** _____

SIGNED (FATHER) _____ **DATE** _____

SIGNED (GUARDIAN) _____ **DATE** _____

YOUTH CONVENTION ADVISOR (ADULT CHAPERONE) ATTENDING: Please feel free to contact Lee DeBruin, 2025 IWLA National Youth Convention Co-Chairperson (Wisconsin Division IWLA), at leonard2701@gmail.com.

NOTE: All information on this document to be kept confidential and the document will be destroyed/shredded at the conclusion of this year's IWLA National Youth Convention.