PARTICIPANT MEDICAL HISTORY FORM

Participant Name_____

Birth Date_____ Age_____ Height _____ Weight _____ Sex: [ ] F [ ] M

Parent/Guardian Name _____ Relationship to Participant_____

Home Address_____

City_____ State_____ Zip Code_____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-mail _____

Emergency Contacts (2): Include name, contact telephone numbers (including home, work and mobile if applicable), place of work, and relationship to participant:

1. Name: _____ Phone Numbers: (H) _____(W)_____(M)_____
   Relationship:_____ Place of Work: _____
2. Name: _____ Phone Numbers: (H) _____(W)_____(M)_____
   Relationship: _____ Place of Work: _____

Child Pick-Up: I authorize the following people, other than myself, to pick up my child(ren) from Denali Discovery Camp:

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____
3. Name:_____ Phone:_____

Please check diseases or conditions that the participant currently has or has had in the past:

- ☐ Chicken Pox
- ☐ Measles
- ☐ Mumps
- ☐ Strep Throat
- ☐ Rheumatic Fever
- ☐ Skin conditions
- ☐ Hospitalizations
- ☐ Headaches/dizziness/fainting
- ☐ Emotional/Mental Illness
- ☐ Asthma
- ☐ Convulsions
- ☐ Diabetes
- ☐ Surgeries
- ☐ Hay Fever
- ☐ Chronic Illness
- ☐ Abdomen-hernia
- ☐ Blood disorders/anemia
- ☐ Heart disease/chest pain/palpitations
- ☐ Nervous System Problems
- ☐ Ears/Hearing Problems
- ☐ Mouth/Teeth Problems
- ☐ Orthopedic Problems
- ☐ Eye/vision Problems
- ☐ Constipation/diarrhea/salmonella/other intestinal disorder

Tetanus shot current? Yes ☐ No ☐

TB vaccination current? Yes ☐ No ☐

Provide us with any details about symptoms, treatment, prevention, etc. about the above diseases/conditions that we need to know. Attach any necessary supporting information to this form:

Please indicate any allergies to the following:

Penicillin_____ Bee sting_____ Insect bites_____ Food_____ Drug_____ Other_____

Provide us with any details about symptoms, treatment, prevention, etc. about your child's allergies that we need to know. Attach any necessary supporting information to this form. Food allergies: please indicate whether allergy is triggered by ingesting, through contact, or by airborne particles.

Does your child have any mental, emotional, or physical disorder not listed above that we should be aware of? Yes___ No___ If yes, please describe. Attach any necessary supporting information to this form.

Is your child currently taking any medications or under the supervision of a doctor for any conditions? If so, what medications and for what conditions?

Is your child currently taking any over the counter medications? Yes___ No___ If so, list all medications and for what purpose they are used.

Are there any special medical or dietary regimens that should be continued during Denali Discovery Camp? Yes___ No___ If yes, please provide details.

Denali Discovery Camp includes an overnight experience for each group, please indicate those conditions the participant has experienced: Sleep Disturbances ___ Menstruation ___ Bed wetting ___

Safety is our primary concern, but active young people will on occasion find ways to injure themselves. Are there any activities that your child should be discouraged from participating in because of health concerns or parental desires? Yes___ No ___
If yes, please provide details:

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

In the rare event of an emergency, I hereby give permission to the medical personnel selected by the camp to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person listed above. This completed form may be photocopied for trips out of camp. All information is strictly confidential. Denali Discovery Camp does not cover accident insurance coverage for participants; you must carry your own accident insurance coverage. It is understood that conscientious effort will be made to locate me or my child's other parent or legal guardian in case of emergency. I understand my obligation to keep Denali Discovery Camp staff informed of my whereabouts during camp. I will assume the cost of necessary medical or surgical care. I authorize the following information for insurance purposes.

Name of Physician _____

Telephone _____ **Clinic** _____

Health Insurance Company _____ **Policy #** _____

AUTHORIZATIONS

My son/daughter/dependent has permission to participate in all Denali Discovery Camp activities, except those noted by me. I recognize that Denali Discovery Camp involves young people in a variety of adventurous outdoor activities and in a variety of outdoor settings in all kinds of weather and conditions and that accidental injury or illness may result. I assume the inherent risks including but not limited to wildlife encounters and inclement weather and authorize my child's participation. I understand that prolonged delays may occur before medical assistance can be reached and that evacuations could take 24 hours or longer due to the remote areas in which Denali Discovery Camp operates. Children will be transported between the Denali Education Center and Denali National Park and Preserve in buses and vans operated by Denali Education Center staff. Vans are equipped with seat belts that participants are required to wear. Within Denali National Park and Preserve participants will be transported to hikes and campgrounds using the Visitor Transportation System, also equipped with seat belts that participants are required to wear. I authorize my child to be transported in the manners described. Denali Discovery Camp staff may take photographs of participants and program activities. These photographs may be used for promotional and/or commercial purposes, as well as by third parties with whom the Denali Education Center and National Park Service may engage in joint marketing. I authorize Denali Discovery Camp to use photographs taken for these purposes.

I HAVE READ THIS FORM AND I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, AND THAT I HAVE DISCLOSED ALL RELEVANT HEALTH INFORMATION TO THE BEST OF MY KNOWLEDGE.

_____

Parent/Guardian Signature Date

Friday **Barbeque and closing ceremony** at the Denali Education Center.
Number who will attend (including camper):

Adults:
Children:

Please return form to:
Denali Discovery Camp, c/o Denali Education Center, Box 212, Denali National Park, AK 99755 (T) 907-683-2597
or email to youth@denali.org