



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:

Table with 4 columns: Disease/Condition, Asthma, Blood disorders/anemia, Tetanus shot current? Yes No, Measles, Convulsions, Heart disease/chest pain/palpitations, TB vaccination current? Yes No, Mumps, Diabetes, Nervous System Problems, Strep Throat, Surgeries, Ears/Hearing Problems, Rheumatic Fever, Hay Fever, Mouth/Teeth Problems, Skin conditions, Chronic Illness, Orthopedic Problems, Hospitalizations, Abdomen-hernia, Eye/vision Problems, Headaches/dizziness/fainting, Constipation/diarrhea/salmonella/other intestinal disorder, Emotional/Mental Illness

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**