**Medical Information Form**

 Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All the questions on this form are important. The answers are used to assess your child’s level of participation in a field program. Please answer the questions in each section and return the form as soon as possible to allow time for any necessary follow-up. All medical information is confidential and is treated as such. This medical form is kept on file and taken into the field to assist with any medical situations that may arise.**

PART I General Information

| **PARTICIPANT NAME**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Gender Identity (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex Assigned at Birth (optional): Female  Male  Intersex  \*Ironwood Tree Experience values and recognizes the diversity of gender identity and expression. This information is confidential; only ITE staff have access to this information.Age \_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Telephone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Telephone #(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is English your first language? Yes  No  |
| --- |
| **PARENT/GUARDIAN (if participant is under 18)** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you speak English? Yes  No  If no, provide an emergency contact of someone who speaks English | EMERGENCY CONTACT **(other than parent/guardian)** Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Telephone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FAMILY PHYSICIAN** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COVID-19:** For the safety of staff and other participants, ITE is recommending all ITE youth to be fully vaccinated for Covid-19 prior to participating in our programs. ITE will be requesting proof of vaccination prior to program start. Mark your vaccination status:Vaccinated  Unvaccinated/not yet able to be vaccinated  When did you receive your last vaccine shot? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments (please share any preferences for your safety with COVID - see our updated ITE Covid Guidelines below): |

PART II Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) **NONE**  **or…**

| **Allergy**  | **Reaction**  | **Medication Required (if any)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

B. Current Medications (Including psychiatric medication, over-the-counter medication, inhalers) **NONE**  **or…**

| **Medication/Supplements**  | **Taken For: (Symptom/Condition)**  | **Dosage**  | **Date Started**  | **Current Side Effects**  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Ironwood Tree Experience recommends that all participants have a current tetanus immunization (within 10 years).**

PART III Health Profile

|  | Please √ one--If yes, describe below  | Y  | N  |  | Please √ one--If yes, describe below  | Y  | N |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#1**  | Seizure within the past 1 year  |  |  | **#6**  | **Current** Neck/Back/Shoulder/Knee/Ankle/or other joint problem |  |  |
| **#2**  | Hospitalization/Emergency Room/Urgent Care visit within the past 1 year |  |  | **#7**  | Diabetes/Hypoglycemia |  |  |
| **#3**  | Asthma (If yes, please bring inhaler)  |  |  | **#8**  | **Diagnosed** Learning Disability and/or ADD/ADHD |  |  |
| **#4**  | Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exertional dizziness or faint spells |  |  | **#9**  | Other medical issues/illnesses/symptoms/requirements/prosthetic device(s) |  |  |
| **#10**  | Anaphylaxis |  |  |
| **#5**  | Other cardiac conditions, e.g., heart murmur or other rhythm abnormality |  |  |  |  |  |  |
| **#**  | **Describe** |
| **#**  | **Describe** |

PART IV Cardiovascular Fitness Evaluation REQUIRED INFORMATION A. Current Exercise Activity (Information used as an assessment tool)

**Please list the activities you do on a daily or weekly basis which show your current fitness level. Be sure to include activities such as walking a pet, playing basketball, skateboarding, skiing, etc.**

| Activity  | Frequency  | Approximate Time/Distance  | Leisurely  | Moderately  | Intensely |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 PART V Water/Swimming REQUIRED INFORMATION

Can the participant swim? Yes or No

If the participant can swim please rate the level of swimming proficiency (1=beginner to 5=competitive) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PART VI Signature Required

| **Consent is hereby given for the participant to attend the course/field trip and permission is given for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary.**  **All information will remain confidential. You should know that over the years, many students with a variety of medical/psychological challenges have successfully participated in our courses/field trips, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to the participant or fellow participants.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Signature Date** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date** |
| --- |

CONFIDENTIAL MEDICAL RECORD Ironwood Tree Experience - 2021

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