



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.

Signature Date _____ Participant

Signature Date _____ Parent/Guardian