

Medical Health History Form



The Environmental Institute (EI) collects medical information in order to provide a safer, more successful experience for all participants. We rely on the information you provide to educate EI as to the applicant's preparedness to participate. EI requires you (parents/guardians for minors) to complete the Medical Health History Form. EI staff will review this medical form and contact you (parents/guardians for minors) if questions arise. EI treats all medical information with confidentiality, and shares pertinent information with EI staff on a need-to-know basis.

If you have any questions or concerns regarding forms, please call 970-248-2129.

Participant name: _____ Age: _____ Birth date: _____

City, State: _____ Gender: M F Weight: _____

In case of Emergency, contact:

Name: _____ Home Phone: _____

Relationship: _____ Business Phone: _____

ALLERGIES

Please list all allergies to **Medications, Foods, or Environment** (insect stings, etc.). Attach additional sheets if needed.

Allergy	Date of Last Reaction	Description of Reaction	Treatment	Epinephrine prescription
				Yes / No
				Yes / No

EMERGENCY MEDICATIONS

Do you take any emergency medications (ie. a rescue inhaler for asthma, epinephrine for an allergy, etc) that **you will require during a day long field trip.**

I take NO medications. I take medication(s) as follows (attach additional pages for more medications):

Medication Name	Dosage	Purpose for taking	Side Effects	

MEDICAL CONDITIONS

EI wants you to participate and we strive to accommodate most medical conditions. Please be thorough in the information you provide. **Do you have any medical conditions that you would like EUEKA! to be aware of?**

No Yes (If Yes, please elaborate below)

Confirmation of Physical

The state of Colorado requires all students participating on an overnight trip greater than 3 days in length to have had a physical exam in the last 24 months. **Yes my student has had a physical in the last 24 months** **No, I will need to schedule a physical**

CONSENT AND RELEASE

Participant Authorization (Parent or guardian for participants under 18)

The above information is correct and complete to the best of my knowledge. The person herein described has permission to engage in all course activities except as noted. I hereby give permission to EI to provide routine health care, dispense prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by EI to secure and administer treatment, including hospitalization, for the person herein described. This completed form may be photocopied for use out of the office by EI staff.

Signature of Parent/Guardian _____ Date: _____