Health History Form

For: ____________________________  Student name

Parents: Please complete this form and return it to the Law and Order Fairbanks Camp. This information will be kept confidential.

Health History: Please check any of the following that apply and provide any necessary additional information.

Medical
___ Ear Infections
___ Seizures
___ Diabetes
___ Asthma
___ Behavior problems

Diseases
___ Chicken pox
___ Measles
___ German Measles
___ Mumps
___ Other

Allergies
___ Hay fever
___ Ivy poisoning, etc...
___ Insect stings
___ Prescription drugs
___ Food

Please provide any additional information necessary regarding the information above:

________________________________________________________________________

________________________________________________________________________

Family physician: ____________________________  Phone number: ____________________________

Operations or serious injuries (dates): ____________________________

Physical condition(s) requiring special attention: ____________________________

Chronic or recurring illness: ____________________________

Any specific activities to be encouraged: ____________________________ restricted: ____________________________

Is this student hyperactive? ____________________________ Is this student on medication for hyperactivity? ____________________________

Is there any medicine that will need to be taken during the program day? (Include name and instructions. All medication will be kept in the office until prescribed time). ____________________________

Waiver and Consent for Emergency Treatment

In consideration of the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against the University of Alaska, its Board of Regents, employees and agents, for any and all injuries suffered by my student while participating in this program unless such injury is caused by the gross negligence of the University of Alaska. I give my consent to emergency treatment, including hospitalization, as may be needed for the welfare of my student.

Parent/guardian signature: ____________________________ Date: ____________________________

This authorizes the Law and Order Fairbanks Camp staff to transport to a medical or hospital facility for emergency medical or surgical care if I cannot be contacted immediately. I understand a conscientious effort will be made to locate the parent(s) or legal guardian(s) before any action is taken. I understand my obligation to keep my student care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care.

Parent/guardian signature: ____________________________ Date: ____________________________