

Texas Historical Commission Youth Camp

Medical History/Medical Disclosure & Release Form

All minor participants under 18 years of age (hereafter “minor” or “child”) and all adult volunteers, teachers, and sponsors (hereinafter collectively referred to as “participant”) must complete, sign, and submit this form.

Participant Name (Last, First, MI)	Date of Birth (mm/dd/yy)	Social Security #
Address (street, city, state, zip)	Primary Phone	Email address
	Male <input type="checkbox"/>	Height
	Female <input type="checkbox"/>	Weight
Physician Name		Physician Contact Number
Insurance Company Name		Insurance Contact Number

<p>EMERGENCY CONTACTS In the event of an emergency, THC YOUTH CAMP staff must be able to reach a designated contact. Please provide at least one phone number for each contact below. Minors must include a parent or legal guardian as an emergency contact.</p>		
PRIMARY CONTACT	Second Contact	Third Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone #1: _____	Phone #1: _____	Phone #1: _____
Phone #2: _____	Phone #2: _____	Phone #2: _____
City/State: _____	City/State: _____	City/State: _____

Please answer the following questions carefully and honestly. THC YOUTH CAMP staff need accurate information about a participant's current health status in order to consider accommodations to any condition/s or limitation/s, and to respond to any incidents. Please be as detailed as possible. In completing this form, please consider that participation in the THC YOUTH CAMP may involve inherent risks, hazards, or dangers in activities. In addition, please refer to the Texas Historical Commission Youth Camp Acknowledgment and Assumption of Risks and Release, Indemnity, and Medical Treatment Authorization Agreement document for additional information regarding THC YOUTH CAMP activities and associated risks, your responsibilities, and other important information. The medical information you provide here will be shared with THC YOUTH CAMP staff or medical professionals, as necessary. Otherwise, this information remains confidential.

GENERAL HEALTH Please circle either Y or N to indicate whether you have had any of the following conditions **in the past two years**.

			Explain
Asthma	Y	N	
Other respiratory illness	Y	N	
Any type of surgery	Y	N	
Other hospitalization	Y	N	
Frequent headaches/migraines	Y	N	
Head injury	Y	N	
Chest pains/cardiovascular disease	Y	N	
High blood pressure	Y	N	
Seizures	Y	N	
Back issues	Y	N	
Gastrointestinal issues	Y	N	
Diabetes	Y	N	
Hepatitis	Y	N	
Eating disorder	Y	N	
Self-abuse	Y	N	
Substance abuse	Y	N	
Mental health concerns	Y	N	
Blood disorders	Y	N	
ADD/ADHD	Y	N	
Joint/bone issues	Y	N	
Cognitive/behavioral concerns	Y	N	

Chronic/infectious illness	Y	N	
Are you pregnant?	Y	N	
Wear glasses/contacts?	Y	N	
Have required medical equipment?	Y	N	
Are there any other conditions or limitations not listed here that require accommodation?	Y	N	

ALLERGIES Please list all allergies and reactions to medications, foods, or environment. Circle Y or N if the allergy requires EPI-Pen treatment. Attach additional pages if necessary. **NOTE: You must bring personal EPI-PENS with you daily if you have been prescribed epinephrine for any allergy.**

Allergy	Reaction	EPI Treatment?	
		Y	N
		Y	N
		Y	N
		Y	N
		Y	N

MEDICATIONS Please list prescribed medications. If you do not take any prescribed medications, please check the box below.

I do not take any prescribed medications.

Medication	Dosage	Specific times?

Agreement and Acknowledgment

PARTICIPANT AND PARENT OF A MINOR PARTICIPANT AGREE:

The information provided above is true, complete and accurate. I agree to contact THC YOUTH CAMP staff if any health or medical conditions change before the start of or during the camp. With the full understanding of the limitation/s, if any, described or checked in this form, I agree I/my child can participate in all THC YOUTH CAMP activities.

I understand that providing inaccurate medical information or falsifying medical information can create serious risks to the participant or others and/or can result in participant's dismissal from the THC YOUTH CAMP program.

I certify and understand that all relevant emergency, medical, drug and/or health issues and any related response, assessment or treatment are included herein, and this form is expressly subject to the terms of the Texas Historical Commission Youth Camp Acknowledgment and Assumption of Risks and Release, Indemnity, and Medical Treatment Authorization Agreement document.

I have carefully read, understood, and voluntarily sign this form, and acknowledge that it shall be effective and legally binding upon me, my spouse, participating child and other children, and participant's/parent's other family members, heirs, executors, representatives, subrogors, and estate.

Participant must sign below. A parent must also sign if participant is a minor (under 18 years of age).

Participant Signature

Date

Printed Name

I, as the parent and/or legal guardian of the participating minor child, by signing below do hereby certify that I am the legal guardian of the participant and do possess the full legal authority to execute the foregoing form on behalf of my child. I have read the above, understand fully the legal implications thereof, and voluntarily permit my child to participate in THC YOUTH CAMP. I have had the opportunity to seek legal counsel to the extent necessary in connection with the signing of this form.

Parent/Guardian Signature

Date

Printed Name
