Medical History Questionnaire

Name: _____ Date of Birth: _____
Address: _____City, State, Zip: _____
Family Medical Ins. Co.: _____ Policy #_____
Emergency Contact Name: _____ Phone # (___) _____
Physician: _____Phone# (___) _____

Note: Please check "YES" or "NO" and provide additional details where required.
ALL INFORMATION WILL REMAIN CONFIDENTIAL

1. Are you allergic to any medication (aspirin, penicillin, etc.)? No_____ Yes_____
   List: _____
2. Do you take any medication on a permanent or semi-permanent basis?
   No_____ Yes_____ List with reason_____
3. Have you ever had a seizure? No_____ Yes_____ When_____
4. Have you ever been told by a doctor that you have epilepsy? No_____ Yes_____ When_____
5. Have you ever been treated for diabetes? No_____ Yes_____
6. Have you ever been told by a doctor that you were anemic? No_____ Yes_____ When_____
7. Do you have, or have you ever had high blood pressure? No_____ Yes_____ List medication_____
8. Do you have, or have you ever had the following diseases?

Hay fever	No_____	Yes_____	When_____
Fainting spells	No_____	Yes_____	When_____
Frequent diarrhea	No_____	Yes_____	When_____
Severe stomach aches	No_____	Yes_____	When_____
Menstrual problems	No_____	Yes_____	When_____
Earache or ear infection	No_____	Yes_____	When_____
Heart disease	No_____	Yes_____	When_____
Lung disease (pneumonia, etc.)	No_____	Yes_____	When_____
Kidney disease (infection, etc.)	No_____	Yes_____	When_____
Liver disease (mononucleosis, etc.)	No_____	Yes_____	When_____
Hepatitis	No_____	Yes_____	When_____

9. Have you ever been told by a doctor that you have asthma?
   No_____ Yes_____ List medication_____
10. Have you been "knocked out" (lost consciousness), had a concussion or head injury?
    No_____ Yes_____ When_____
11. Are you currently taking any behavior-modification medication?
    No_____ Yes_____ List medication_____
12. Do you have any known food/environmental allergies or dietary restrictions? No_____ Yes_____
    List allergies_____

IMMUNIZATIONS: Tetanus Toxoid - Date of last inoculation: _____

This medical history questionnaire is correct and complete to the best of our knowledge. We, the undersigned, acknowledge that omission of any requested information may result in jeopardizing the health of our child should they require emergency medical treatment. An intentional omission may prohibit myself from participating in the program.

Signature of Participant_____ Date_____

Emergency Medical Authorization

The attached health history questionnaire is correct to the best of our knowledge, and I am able to engage in all activities, except as noted by a physician and us. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required by the emergency situation.

I give consent for the trip leaders to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I represent that I am is in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program.

Signature of Participant_____ Date_____

Travel Authorization---Publicity/Image/Voice Permission---Liability/Medical Release

My personhood understands that I may possibly travel in a vehicle driven by Clinton, Dubuque & Jackson County Conservation employees.

Photographs or video/audio recordings may be taken of you during camp activities. Unless you request otherwise, your registration will be considered permission to photograph, film, audio/video tape, record and/or televise the image and/or voice of yourself for use in publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to the use of your image or voice in this manner, please notify trip leaders, in writing, prior to the event.

If I am injured or suffer any illness or disease while participating in this paddling and camping trip; except as may be caused by the grossly negligent or reckless conduct of the leaders of the program, and their agents, servants, employees, and volunteers, I agree to hold Clinton, Jackson, Dubuque County Conservation Board staff harmless of any said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for the guests of the this paddling trip, and that violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the program.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of the Clinton, Dubuque, and Jackson County Conservation Boards.

Signature of Participant_____ Date_____