

PARTICIPANT HEALTH FORM



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Any changes that occur in your child's physical or mental health **MUST** be reported to the Outdoor Odyssey staff.

PARTICIPANT INFORMATION

Name: _____

 (Last) (First) (M.I.)

Is participant covered by insurance? Yes No
Please attach a copy of both sides of insurance card

Are immunizations up to date? Yes No
If no, please attach an exemption form/explanation

Date of last tetanus booster: _____

List any and all medical conditions, physical or learning disabilities, and any emotional or behavioral issues:

Is your child currently under a physician's care for any condition?
 Yes No

If yes, please explain:

Has your child ever been treated for any social, mental, or behavioral conditions?
If yes, please explain: Yes No

Has your child ever been hospitalized for the above condition?
 Yes No

Drug / Environmental allergies (ex. Bee stings):

Food allergies/Diet restrictions:

PHYSICIAN'S MEDICAL STATEMENT

A physician signature is mandatory for all participants and the participant cannot attend without it.

I have examined _____ (participant)
 on _____ (date)

The participant is in good health and is physically able to participate in this program. The participant does not have any injury, illness, or disability that will prohibit activity.

χ _____ (date)
 (Physician's signature) (date)

Participants maintain an active pace from 7am to 9 pm. We require that all participants have a physician's exam **within two years prior to attending** Outdoor Odyssey. Any recent illnesses must be noted.

The participant **MUST** have a physician's clearance to attend.

AUTHORIZATION FOR MEDICAL TREATMENT

I give my permission for the participant listed above to take any over-the-counter medications as needed - with the exception of _____ - while attending the program. I verify that you have my permission to take the participant listed above to the nearest medical facility for emergency treatment and I assume responsibility for payment.

χ _____ (date)
 (Parent/Guardian's signature) (date)

The following generic medications are stocked at the camp office and dispensed at no charge as needed: acetaminophen, ibuprofen, decongestant, antihistamine, cough suppressant, throat lozenges, anti-nausea, anti-diarrheal, antibiotic ointment, anti-itch cream, ipecac, topical oral pain reliever.