# TEAM

## Health History, Publicity, and Release Form
## 2018 WV Envirothon

Please make 2 copies. Advisor will retain 1 copy and 1 copy will be submitted at registration for the nurse on staff.

*Please complete to the best knowledge possible. All forms will be shredded after the event.*

Team Name _____ Advisor _____

Name _____ _____ _____ _____
Last First Middle Suffix

Home Address _____

Gender: ☐ Male ☐ Female Birth Date _____/____/_____ Age at Event _____

**Custodial Parent/Guardian** _____

Relationship _____

Home Address (if different from above) _____

Home Phone _____Cell Phone _____ Work Phone _____

**Second Emergency Contact** _____

Relationship _____

Home Address (if different from above) _____

Home Phone _____ Cell Phone _____ Work Phone _____

**Insurance Information**

Company _____ Policy Number _____ Group Number _____

Insurance Address _____

Insurance Phone Number _____

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand that any person or entity associated with the WV Envirothon is not liable in the case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all WV Envirothon activities. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian _____ Date _____

Physician Name: _____ Physician Phone Number: _____

Dentist Name: _____ Dentist Phone Number: _____

Medications Taken: Please list all medications taken routinely, dosage, and frequency.

_____

_____

| General Questions: (Explain any "yes" responses below) | Yes | No |
|---|---|---|
| 1. Had recent injury, illness or disease | ☐ | ☐ |
| 2. Have a chronic illness/condition | ☐ | ☐ |
| 3. Have frequent headache | ☐ | ☐ |
| 4. Ever had seizures | ☐ | ☐ |
| 5. Ever had a head injury | ☐ | ☐ |
| 6. Ever had chest pain | ☐ | ☐ |
| 7. Ever had high blood pressure | ☐ | ☐ |
| 8. Ever been diagnosed with a heart murmur | ☐ | ☐ |
| 9. Have joint or back problems | ☐ | ☐ |
| 10. Have diabetes | ☐ | ☐ |
| 11. Have asthma | ☐ | ☐ |
| 12. Allergic to anything (including bee stings, poison, etc) | ☐ | ☐ |

Please explain any "yes" answers, noting the number of the question(s) below.

_____

_____

_____

Publicity Release: I authorize the WV Envirothon Committee to use my child's name, photo, and/or materials produced for future use including, but no limited to, educational resources, press releases, web based publicity and other publicity materials. _____ Yes _____ No

Signature of Parent or Guardian _____ Date _____

The W Envirothon Committee prohibits discrimination in its program on the basis of race, color, national origin, sex religion, age disability, political beliefs, and marital and/or family status. Persons with disabilities who require alternative means of communications or accommodations should contact Heather Duncan at 681-247-3013.