



# TEAM

## Health History, Publicity, and Release Form

### 2025 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: \_\_\_\_\_

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	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic illness/condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Have frequent headache	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a head injury	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had chest pain	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been diagnosed with a heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
9. Have joint or back problems	<input type="checkbox"/>	<input type="checkbox"/>
10. Have diabetes	<input type="checkbox"/>	<input type="checkbox"/>
11. Have asthma	<input type="checkbox"/>	<input type="checkbox"/>
12. Allergic to anything (including bee stings, poison, etc)	<input type="checkbox"/>	<input type="checkbox"/>

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 \_\_\_\_\_

In accordance with applicable civil rights laws, the WV Envirothon is prohibited from and shall not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by the WV Envirothon.

Persons with disabilities who require alternative means of communication or accommodations should contact the WV Envirothon Committee.