



CBFS Health Form

Required for all Adults and Minors

Please copy and return completed form to staff as soon as possible

School / Group Name _____ Date of trip _____
Participant name _____ Age _____ Male _____ Female _____
Birth date _____ Race _____ (for reporting purposes only) Parent/Guardian _____
Home address _____ City _____ State _____ Zip code _____
Home phone _____ Work phone _____ Fax _____
Cell phone, or other _____ E-mail address _____

—The Chincoteague Bay Field Station does not discriminate against applicants by race, creed, sex, or national origin.—

Medical information: In case of an emergency, please notify:

1st priority: Name _____ phone () _____ relationship to student: _____
Alternate: Name _____ phone () _____ relationship to student: _____

Health history (Place an "X" next to all that apply, giving approximate dates or details in blank space provided)

_____ Frequent ear infections _____ Heart defect/heart disease _____ Hay fever _____ Diabetes _____ Blood/clotting disorder _____ Convulsions
_____ Allergies (non-food, please list type and severity) _____
_____ Food (please give type and describe severity) _____
_____ Insect stings (please describe severity) _____
_____ Recent injuries (please list) _____
_____ Other health info we should be aware of _____

Do we have permission to administer: Acetaminophen? _____ Ibuprophen? _____ Benadryl? _____

List all medications brought to MSC: _____

Is the student taking any medications? Please list dosage, etc.: _____

Do you wear contacts? _____ YES _____ NO Do you wear glasses? _____ Yes _____ NO

Swimming ability: _____ Non swimmer _____ Beginner _____ Intermediate _____ Advanced

Surgery or serious injuries (dates): _____

Chronic or recurring illness: _____

Other diseases or details of above: _____

Name of family physician _____ Name of dentist/orthodontist _____

Do you carry family/hospital insurance? _____ Yes _____ No

Policy name and group number: Carrier _____ Group or Policy number _____

Restricted activities _____

Important Please notify us if the student is exposed to any communicable disease during the three weeks prior to their program.

If your child needs to be picked up by anyone other than school, are there any pick up restrictions? _____

Would you like to be added to our mailing list to receive a program brochure, other announcements, and information about CBFS? _____ Yes _____ No

Parent/Participant Authorization: To the best of my knowledge, this health history is accurate, and the person herein described has permission to engage in all prescribed program activities except as noted by me and/or the examining physician. I hereby give permission to the physician selected by the school, teacher or Field Station staff to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school, teacher or Field Station staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I am familiar with the activities in which a participant of the Field Station will engage and I (or my child) am physically capable of participating in such activities. I understand that all physical activity has an inherent risk and that my child is participating at his/her own risk. I understand that the program activities in which the above named individual is participating involves risks, including, but not limited to activities around water, environmental factors, and equipment use. I understand these risks and agree to release the Chincoteague Bay Field Station from any liability for loss of property, personal injury or death. I agree that the Field Station staff will retain this form only for a reasonable time, as not to disclose the medical details of my child or my medical policy information. I grant permission for image and likeness (e.g. photo, name, quotes) of my child to be used in publications by the Field Station. This form is also used for diversity reporting.

Signature _____ Date _____