

# EXPLORE AUSTIN MEDICAL FORM

Grade (Circle One):  
6th 7th 8th 9th 10th 11th

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
*Last, First Middle*

Home Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*Street & Number City State Zip*

Parent or Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Parent / Guardian / Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (If different from above) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency contacts:  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your camper have Health Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ **If you answered "YES" please complete the Insurance section on the following page (15).**

## EXPLORE AUSTIN MEDICAL QUESTIONNAIRE AND HEALTH HISTORY

**PARENTS: Please read this questionnaire before filling out or signing.** Please answer the following questions on your camper's past or present medical history by circling a **YES** or **NO**. **If any of these items apply with a YES response, we must request a physician's signature or a physical by prior to participating in camp activities. The physician must use the form on the following page (15).**

The information I have provided about my child's medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

**Signature (Parent or Guardian if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_

### Does your camper have or ever had the following:

YES	NO	Asthma? (Severe form only) If activity induced please indicate here _____
YES	NO	Back or spinal surgery, recurring back problems?
YES	NO	Back, arm, leg problems following surgery, injury or fracture?
YES	NO	Behavioral health, mental or psychological problems?
YES	NO	Blackouts or fainting (full/partial loss of consciousness)?
YES	NO	Bleeding/Clotting disorder?
YES	NO	Diabetes?
YES	NO	Dysentery or dehydration requiring hospitalization or medical intervention?
YES	NO	Ear disease or surgery, hearing loss or problems with balance?
YES	NO	Ear infections (frequent)?
YES	NO	Epilepsy, Seizure, Convulsions or take medication to prevent them?
YES	NO	Frequent colds, sinusitis or bronchitis?
YES	NO	Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
YES	NO	Frequent or very severe hay fever or allergy attacks?
YES	NO	Head injury with loss of consciousness in past 5 years?
YES	NO	Heart defect/disease?
YES	NO	Heart surgery, angina, or blood vessel surgery?
YES	NO	High blood pressure or take medicine to control blood pressure?
YES	NO	Inability to perform moderate exercise?
YES	NO	Kidney disease/injury
YES	NO	Lung disease or injury?
YES	NO	Recurring complicated migraine headaches or take medicine to prevent them?
YES	NO	Ulcers?

### Childhood Diseases:

Chicken Pox \_\_\_\_\_  
Measles \_\_\_\_\_  
German Measles \_\_\_\_\_  
Mumps \_\_\_\_\_

### Outdoor Allergies:

Ivy Poisoning \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Other: \_\_\_\_\_

### Food/Drug Allergies:

### Surgery History:

### Medication to be taken at camp:

**PERMISSION TO ATTEND:** We understand and are aware that our child will be participating daily in many physical activities in a natural environment, will be exposed to unpredictable weather conditions and that the potential for accidents does exist. We hereby give permission for our child to ride in camp buses and vehicles; and in consideration of acceptance to attend; we hold AUSTIN EXPLORE, INC., its Owners, Employees, Mentors, Assigns, Operators harmless from all liability resulting from any accident or illness to our child. By signing this authorization form you allow any photos or videos of your child produced by Austin Explore, Inc. to be used by Austin Explore, Inc. in any of its publications or promotional media. You may revoke this authorization at any time in writing, which is signed by any parent or guardian and delivered to and acknowledged in writing by Austin Explore, Inc. This health history is correct so far as I know, and the person listed above has permission to engage in all camp activities. I hereby give permission to Austin Explore, Inc.:

- To provide ongoing health care.
- To select medical personnel and to order X-rays or routine test or treatment for the person listed above.

**Emergency Authorization:** In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Austin Explore, Inc. to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use outside of the program.

**Signature (Parent or guardian if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (Parent or guardian if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

