



City of Poquoson Health History Report and Authorization for Care

Participant Name: \_\_\_\_\_ Male or Female

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age as of Today: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

**Parent/Guardian Contact**

Father's Name or Guardian: \_\_\_\_\_ Father's Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name or Guardian \_\_\_\_\_ Mother's Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email for this participant what will be checked regularly: \_\_\_\_\_

Who has primary custody of this participant? \_\_\_\_\_

**Physician/Insurance Information**

Family Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist/Orthodontist Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Do you Carry Family Medical/Hospital Insurance?**  
Yes or No

Carrier: \_\_\_\_\_

Policy ID: \_\_\_\_\_

**EMERGERNCY CONTACT INFORMATION**

In the event of an emergency, I would like the following person contacted first at the following number:

Name: \_\_\_\_\_ Ph. \_\_\_\_\_ alt # \_\_\_\_\_

If Above can not be reached the following should be notified:

Name: \_\_\_\_\_ Ph. \_\_\_\_\_ alt # \_\_\_\_\_

**MEDICAL AUTHORIZATION**

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided.)

1. I give my permission for the participant named on this form to attend the Youth Sailing Camp activities offered through Poquoson Community Recreation. He /She has permission to participate in all activities which may include swimming and other water sports and physical activities,
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or the participant named on this form. This form may be photocopied for use when my child attends activities..

ADULT PRINTED NAME: \_\_\_\_\_

SIGNED:  \_\_\_\_\_

(Parent / Legal Guardian)

Date: \_\_\_\_\_

**PARTICIPANT HEALTH AND MEDICAL HISTORY**

Child's Height: \_\_\_\_\_ \* Child's Weight: \_\_\_\_\_ \*

This information is used for properly sizing boats and lifejackets.

*(Questions 1-5 must be completed.)*

**1. SPECIAL DIETARY NEEDS (If any?)**

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken: \_\_\_\_\_

**2. Has the participant ever experienced (or had special needs in) any of the following?** [Check (✓) all that apply]

- Asthma     Bleeding disorders     Attention disorders (ADHD)     Eating disorders
- Seizures/Convulsions     Wears contacts     Diabetes     Behavior
- Fainting spells     Non-food allergies    Other: \_\_\_\_\_

*Please describe any condition or need that you checked:*

**3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?**

YES    NO    If YES, please explain: \_\_\_\_\_

**4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?**

YES    NO    If YES, please explain: \_\_\_\_\_

**5. What else should we know about your child?**

Parks and Recreation programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

**Immunization History (This must be completed)**

**Are your child's immunizations up to date?**

YES    NO    **Date of most recent tetanus shot:** (month/year) \_\_\_\_\_/\_\_\_\_\_

**My child may be picked up by the following people: Please list all that are options: I understand that if the name is not listed here, my child will not be released from camp.**

**Names, List all that apply:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## City of Poquoson Community Recreation Youth Sailing Waiver

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Parent or Guardian Completing Form: \_\_\_\_\_

I give my permission for the participant named on this form to attend the City of Poquoson Community Recreation Youth Sailing Camp Program. He / She has permission to participate in all activities which may include swimming, sailing, and other water sports and physical activities that will be in open water. I agree that my child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim.

This form may be photocopied for use when my child attends activities.

1. Waiver of Liability:

I waive and release any right I, my heirs, guardians, and legal representatives may have or acquire to make a claim against, sue, attach the property of or prosecute the City of Poquoson, and Poquoson Sailing Foundation and/or any of its members, instructors, directors, employees, officers, agents or volunteers (here in referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from participation in and use of facilities as part of the City of Poquoson Community Recreation Youth Sailing Camp Program, whether or not the injury or damage results from negligence or other action, except intentional acts, or any of the releasees.

2. Assumption of Risk: I am aware that the activities may involve maneuvering a boat, sailboat or other watercraft in deep waters in potentially hazardous conditions, which may include among other things, strong wind and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I accept any and all risks to myself and my child of injury, death and property damage arising from participation in the activities and the use of the facilities and property of the City of Poquoson, and Poquoson Sailing Foundation, whether or not caused by the negligence or other action, except intentional acts, of any of the releasees.

3. Indemnity agreement: I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorney's fees, they may include due to my child's participation in the activities where or not such loss, liability, damage or cost results from the negligence or other action except intentional acts, of any of the releases.

I have read and agree to all of the above statements:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date