

Health and Diet Questionnaire 2020

This packet is for the trip leaders' information only and is completely confidential.

All questions in this form must be fully answered. It is extremely important to YOUR safety that you answer all questions as truthfully as possible. Just because you answer "yes" or "no" to any particular question or have preexisting medical conditions does not necessarily mean you will not be able to attend the activities.

Name: _____ Date: _____

Emergency Contact: _____ Phone: _____

General Medical History

Do you currently have or have recently had any medical conditions that we should know about including respiratory, blood and cardio, neurological, or gastrointestinal problems?

Do you currently have or have recently had...

Seizures?	YES	NO
Dizziness or fainting episodes?	YES	NO
Car or motion sickness?	YES	NO

Diet

Are you vegetarian?	YES	NO
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If yes, how strict are you? (will you eat fish or chicken? Are you vegan?)

Please list any foods you are allergic or intolerant to: _____

Please list any foods that you particularly despise: _____

Muscle/Skeletal

Do you currently have or have you ever had injuries (including sprains), problems, and/or operations in any of the following areas: knee, hip, ankle, shoulder, arm, or back

YES

NO

If so, please explain: _____

Allergies/Medications

Do you have any allergies (including insects and plants)?

YES

NO

If so, please list them along with symptoms and severity: _____

Are you allergic to any medications?

YES

NO

If so, please list them along with symptoms and severity: _____

Are you currently taking any medications?

YES

NO

If so, please fill out the chart below.

Medication	Dosage	Frequency

If any of these medications have side effects or restrictions, please list them here: _____

Fitness

Current age: _____ Current height: _____ Current weight: _____ Male / Female

Do you smoke or have recently been a smoker? YES NO

If so, how much: _____

Swimming ability? Non-swimmer Difficulty Swimming Capable Swimmer

Miscellaneous

Please list any fears or phobias that you have: _____

Is there anything else that the group leader or a medical professional should know in the event of an emergency?

PLEASE READ CAREFULLY AND SIGN

The information provided is a complete and accurate statement of myself.

I realize that this information is important for my own safety and that of the group.

I agree to inform the youth minister should there be any change in my health status prior to the start of or during any trip. On the basis of the background information at the beginning of this form, and what I know of or suspect about my physical and psychological health, I am fully capable of participating in any and all aspects of the youth events.

I understand that if I have the potential for severe allergic reactions to bee/wasp stings, insect bites, food, or any other substances, it is my responsibility to bring the proper medication with me on any trip whether or not it is likely I will come into contact with the allergen.

Participant's Signature: _____

I, _____ give my permission for _____ to receive medical attention if such circumstances require it. *Please note this includes emergency hospital visits and giving Over-The-Counter medications such as Tylenol, Ibuprofen, Benadryl, and Dramamine.

Parent's Signature: _____ **Date:** _____