



2023 Health Information for all Youth/Sailing Participants at TEIA

Participant's Name: _____ Date of Birth: ____/____/____ Gender: _____
Parent/Guardian Name: _____ Parent/Guardian Name: _____
Camper's Summer Address: _____ City/State _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____

If YOU cannot be reached, who *ELSE* should be called in an EMERGENCY?

Emergency Contact #1: _____ Phone: _____ Relation: _____
Emergency Contact #2: _____ Phone: _____ Relation: _____

If you are not picking up your child from camp, please identify the person allowed to pick up your child:
Name: _____ Phone: _____ Relation: _____

If someone else is picking up your child who isn't identified above, send a note to the camp or sailing director with name, phone, and relationship to child. Thank you.

If your child is riding a bike or walking to a TEIA activity, please sign here: Initial: _____

Health & Medical Information (Please check ALL that apply)

- | | |
|---|-----------------|
| <input type="checkbox"/> Asthma/Respiratory: _____ | Reaction: _____ |
| <input type="checkbox"/> Bee sting allergy (Do you carry a EpiPen?) _____ | Reaction: _____ |
| <input type="checkbox"/> Pollen or Food Allergies: _____ | Reaction: _____ |
| <input type="checkbox"/> Epilepsy/Seizure: _____ | Reaction: _____ |
| <input type="checkbox"/> Diabetes or Hypoglycemia: _____ | Reaction: _____ |
| <input type="checkbox"/> Heart Problem: _____ | Reaction: _____ |
| <input type="checkbox"/> Disability requiring accommodations: Please explain: _____ | |

Behavior Information

When your child gets frustrated or upset, how does s/he display their anger? ☐ Isolates from the group
☐ Yells ☐ Hits ☐ Becomes quiet/withdrawn ☐ Other: _____

What is the best way to calm your child when they are upset?

Other information that would help your child have a successful day at TEIA:

*** COMMITMENT TO A DAILY HOME HEALTH CHECK ***

I agree to do a health scan with my child(ren) every day BEFORE going to TEIA. If for any reason my child becomes ill, I agree to keep them home until they are no longer contagious, have not had a fever for 24 hours (without meds) and is otherwise healthy. TEIA will follow CDC recommendations, as required.

Parent/Guardian Signature

Date

Medical Emergency Waiver: In participating in activities at TEIA, I hereby acknowledge and understand there are risks of accidents or injuries arising out of those activities that may result in bodily harm to my child. I hereby acknowledge that my child has the physical capacity to engage in registered activities. I do hereby waive all claims which I might have against TEIA or any of its officers, agents, or employees should my child incur bodily injuries from his/her participation in registered activities. In case of emergency, an accident or illness and my designee or I am not reached by phone, I give permission for my child to be treated by a medical professional.

Initial: _____

Field Trip Release: I give my permission for the above-named child to participate in a supervised neighborhood walk and off-site field trip with TEIA staff.

Initial: _____

Photograph/video/media Release: I give permission for the above-named child to be photographed at TEIA sponsored activities and for these photographs to be shared in social media including Facebook and the TEIA website.

Initial: _____