



## 2023 Health Information for all Youth/Sailing Participants at TEIA

Participant's Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Camper's Summer Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
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)

Asthma/Respiratory: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Bee sting allergy (Do you carry a EpiPen?) \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Pollen or Food Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Epilepsy/Seizure: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Diabetes or Hypoglycemia: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Heart Problem: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 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 Yells       Hits       Becomes quiet/withdrawn       Other: \_\_\_\_\_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.

**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.

**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: \_\_\_\_\_

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_