

WisconSibs Summer Participant Health Form

The information below is requested of participants and volunteers involved in WisconSibs Summer 2021 programs. (Sib Camp programs have a separate form.)

All information will remain confidential.

Event Date(s) – check all that apply:

- Teen Sibling Leadership Day – June 16
- Volunteer training (for SibDays) – TBD
- SibDays of Summer – July 19-23

Name _____

Date of Birth _____

Address _____

Phone _____

City _____

State _____ Zip _____

Email _____

Physician _____

Phone _____

In case of emergency, notify _____

Phone _____

Allergies _____

Height _____

T-shirt size _____

Medications currently taken _____

Date of most recent tetanus booster ____ / ____ / ____

Do you currently have any of the following medical conditions? If so, write “yes”. If no, leave blank.

Asthma _____ Current Breaks _____ Current Sprains _____

Diabetes _____ Food Allergy _____ Heart Condition _____

COVID-19 symptoms (coughing, shortness of breathe, chills, fever, no smell or taste _____)

Explain briefly any conditions that are checked.

Any other medical conditions which may affect your participation in any physical activity?

Your signature indicates that the information provided is accurate and current.

Signature of Parent or Guardian

Date

PERMISSION STATEMENT

I understand that first aid will be available for this event, that my child, _____, will be closely supervised, and that if a serious illness or injury develops, medical/or hospital care will be given. However, the staff is not responsible in case of accidental injury or illness. I further understand that in care of serious injury or illness, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.

I also agree to not hold WisconSibs, Inc responsible or liable for any personal injury or accident while attending the event(s) checked on page one.

Date

Signature of Parent or Guardian

CONSENT FOR FILMING, SOUND RECORDING OR PHOTOGRAPHING

I, _____
(Guardian/Parent/Volunteer)

hereby consent to the:

____ videotaping of
____ photographing of

____ sound recording of
____ news coverage of

(Name(s) of Children)

for the purpose of community education and awareness.

I give my permission for the recorded events to be shared with the community.

Signature of legally authorized guardian/parent/volunteer

Date (mo/day/yr)

