## WisconSibs Participant Health Form

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

All information will remain confidential.

Volunteers will be required to also complete a Background Information Document (BID)

Today's date	Name of person completing this form				
	Relationship Self	Parent or guardian	Other		
Name		Date of Birth			
			Zip		
In case of emergency	, notify				
Allergies					
Height		T-shirt size			
Medications currentl	y taken				
Date of most recent t	tetanus booster//				
Do you currently have	ve any of the following medical cond	litions? If so, write "yes". If	f no, leave blank.		
Asthma	Current Breaks	Current Sprains			
Diabetes	Food Allergy	Heart Condition			
COVID-19 sympton	<b>ns</b> (coughing, shortness of breathe, c	chills, fever, no smell or taste	e		
Explain briefly any c	conditions that are checked.				
Any other medical co	onditions which may affect your part	icipation in any physical act	tivity?		
Your signature indic	ates that the information provided is	accurate and current.			
Signature of Parent or Guardian		 			

## PERMISSION STATEMENT

I understand that first aid will be available for this event, that my child,						
I also agree to not hold Wiscons attending the event(s) checked of	Sibs, Inc responsible or liable for any personal injury or accident while on page one.					
Date	Signature of Parent or Guardian					
CONSENT FOR FI	LMING, SOUND RECORDING OR PHOTOGRAPHING					
I,	(Guardian/Parent/Adult Volunteer)					
hereby consent to the:						
videotaping ofphotographing of	sound recording ofnews coverage of					
	Name(s) of Minor(s)					
for the purpose of community ed	ducation and awareness.					
I give my permission for the rec	orded events to be shared with the community.					
Signature of legally authorized s	guardian/parent/volunteer Date (mo/day/yr)					

## MEDICATION SHEET FOR MINORS

Those <u>medications</u> prescribed by a doctor, that are to be given by the adult facilitator during WisconSibs, Inc events must be in their original containers, with current dates, specific administration directions, and the doctor's name. Other medications such as inhalers, creams, ointments and other solutions should also be properly labeled so medications are given correctly. (All medication containers will be placed in Ziplock type bags on arrival and the same will be returned to the parents.) You may choose to send only enough pills required for the day and a couple extra in case they are dropped.

Please fill out the following medication schedule for the medications that are sent for use during the event. Write the name of the medication in the large box. For each medication list the times at which it should be given under "MED TIME."

Child's Name:  Medical Condition Requiring Medication:		
Allergies:		
Signature of person age 18 or older filling out medication list	Date	

## **MEDICATION INFORMATION**

DATE	TIME	MEDICATION & DOSAGE	SIGNATURE STAFF ADMINISTERING MEDICATION