

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 _____

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/Adult Volunteer)

hereby consent to the:

____ videotaping of
____ photographing of

____ sound recording of
____ news coverage of

Name(s) of Minor(s)

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)

