

ORION 2009—Health History

Please return this form to Susanne Dubrouillet at
Shaver's Creek Environmental Center
3400 Discovery Road, Petersburg, PA 16669-9317

July 18 session	_____
July 26 session	_____
August 8 session	_____
August 16 session	_____

Name _____ Birth date _____ Sex _____ Age _____

Address _____ Phone _____

E-mail _____

In case of emergency please notify:

Name _____ Relation _____

Address _____ Phone _____

Family physician _____

Address _____ Phone _____

Medical/health insurance company _____

Phone _____ Policy # _____

Do you have a history of (please check): **If yes, please describe.** Add paper if necessary.

	Yes	No	Please describe in detail
Asthma (if yes, please remember your inhaler)	_____	_____	_____
Back problems	_____	_____	_____
Knee problems	_____	_____	_____
Diabetes	_____	_____	_____
Seizures/convulsions	_____	_____	_____
Blood conditions (hemophilia?)	_____	_____	_____
Heart condition	_____	_____	_____
Allergies (bees stings, foods, medications, shellfish, iodine?)	_____	_____	_____

(if you have an allergy that requires epinephrine, please be sure to bring your own epi-pin)

Other: _____

Height _____ Weight _____ Resting pulse rate _____

Date of most recent tetanus booster _____

Date of most recent physical exam _____

Any operations/serious injuries? None _____ If yes, please describe. Completely recovered?

Any dietary restrictions (including vegetarian)? None____ If yes, please describe.

Any physical limitations? None____ If yes, please describe.

Are you taking any medications? Please include diet pills, etc., if you take them. None____ If yes, please describe.

What is your **experience** level?

____ I have never backpacked before (backpacking = carrying a full pack for at least one overnight).

____ Novice. I have backpacked once or twice in my life.

____ Intermediate. I have backpacked three to five times before.

____ Advanced. I have been on more than five backpacking trips.

Do you have ANY condition that requires regular visits to a doctor? ***Please describe.*** Use additional paper if necessary.

You will be carrying a 30-40 lb. backpack over rough and sometimes steep terrain for a number of miles each day. Do you have ANY physical conditions that might be worsened or aggravated by this activity? ***Please describe:***

RELEASE

I, the undersigned, _____, do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving my attendance with the ORION Program and participation in the activities particular to this program; such as canoeing, backpacking, and camping.

Signature of participant

Date

Signature of guardian if participant is not 18 years old

Date

PERMISSION AND CONSENT

I certify that this health history is correct. I hereby authorize a physician(s) selected by the ORION Program, or staff at the University Health Services or the emergency/outpatient department of the most appropriate hospital to provide such care that includes routine diagnostic procedures and medical treatment as necessary.

I understand this consent is valid only during the stated dates of the ORION Program.

I give permission for the ORION Program Staff to provide first aid. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature

Date

Signature of guardian if participant is not 18 years old

Date

PERMISSION TO PHOTOGRAPH (Optional)

I give my permission to be photographed or videotaped while participating in the ORION Program. I understand that the images will be used by ORION to promote the program.

Signature

Date

Signature of guardian if participant is not 18 years old

Date

** If for religious reasons you cannot sign any part of this document, please contact ORION director for a legal waiver that must be signed for attendance.