

# SOEI Youth Program Health Information Form

Every participant in SOEI Youth Outreach Programs must have a Health Information Form on file prior to participating. Complete this form and return to: **Youth Outreach Programs, Sigurd Olson Environmental Institute, 1411 Ellis Avenue, Ashland, WI 54806.**

## Participant Information

\_\_\_\_\_  
Youth Participant First Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province/Region

\_\_\_\_\_  
ZIP/Postal Code

## Parent/Guardian Information

\_\_\_\_\_  
Parent/Guardian Name First

\_\_\_\_\_  
Last

\_\_\_\_\_  
Parent/Guardian Email

\_\_\_\_\_  
Parent/Guardian Phone

## Emergency Contact (1)

\_\_\_\_\_  
Emergency Contact (1)

\_\_\_\_\_  
Emergency Contact Relationship

\_\_\_\_\_  
Primary Emergency Contact Phone

\_\_\_\_\_  
Secondary Emergency Contact Phone

## Family Physician

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Clinic/Hospital

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province/Region

\_\_\_\_\_  
ZIP/Postal Code

## Emergency Contact (2)

\_\_\_\_\_  
Emergency Contact (2)

\_\_\_\_\_  
Emergency Contact Relationship

\_\_\_\_\_  
Primary Emergency Contact Phone

\_\_\_\_\_  
Secondary Emergency Contact Phone

## Medical Insurance

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Phone

**Sigurd Olson Environmental Institute**  
**NORTHLAND COLLEGE**

## Medical History

Does the participant have any allergies—environmental, medical or food?

Yes  No

If yes, please list all allergies here:

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Has the participant had a reaction to bee stings or insect bites?

Yes  No

Does the participant have asthma or experienced any asthmatic episodes in the past?

Yes  No

Is the participant diabetic or has experienced symptoms related to having low blood sugar?

Yes  No

Does the participant have any restrictions?

Yes  No

If yes, please describe the participants restrictions:

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Does the participant have epilepsy or is subject to seizures?

Yes  No

Does the participant experience frequent dizziness, nausea or vomiting?

Yes  No

Does the participant experience any mental health challenges that staff should consider during extended programming (such as anxiety, depression)?

Yes  No

Does the participant experience any phobias?

Yes  No

If yes, please describe:

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Has the participant ever suffered from environmental injuries such as hyperthermia, hypothermia, frostbite, or immersion (trench) foot?

Yes  No

Is the participant currently taking any medication?

Yes  No

If yes, please list all medications here:

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Is there anything else you would like us to know about the participant regarding success in this program?

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## Dietary Requirements

Please check the box that reflects the participants needs.

The participant:

- has no dietary restrictions.
- is a vegetarian.
- is a vegan.
- is gluten free.
- has dietary restrictions listed below:

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The participant is allergic to the following foods:

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## Medical Consent and Agreement

Do you give Northland College SOEI Youth Outreach Programs staff permission to administer first aid to the participant in the event of an emergency?

Yes  No

Do you give the staff of an accredited hospital, medical center, clinic or similar institution permission to administer emergency treatment to the participant in the event of an emergency?

Yes  No

### Agreement

This health history is true and complete to the best of my knowledge. I provide consent to Northland College SOEI Youth Outreach Programs to use and/or disclose the medical information to staff for health and safety purposes. In the event of an emergency, I hereby authorize a program staff or medical provider designated by Northland College SOEI Youth Outreach Programs to secure and administer treatment, including hospitalization, for the person named. By signing you are stating that the above information is true and complete to the best of your knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE