



Field Program Health Form

Participant Name: _____

CBF Program/ Course: _____

Program/ Course Date: _____

Participant Home Address: _____

City: _____

State: _____ Zip Code: _____

Birth date: _____

School: _____

Grade (if applicable): _____

Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

I give permission for CBF Staff to administer me/my child the following medications as needed for minor discomfort. Medication will only be administered by CBF Staff certified as Wilderness First Responder and effort will be made to first contact the designated parent/ guardian.

- Tylenol Advil Benadryl Cough drops
- Sudafed Antacid

Please provide any other important health related information about participant.

Health History:

Please check below if participant has a history of, or currently has any of the following conditions:

CONDITION	History	Current
Asthma	<input type="radio"/>	<input type="radio"/>
Heart Defect/Disease	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Bleeding/Clotting Disorder	<input type="radio"/>	<input type="radio"/>

Other:

Does the participant have any allergies to medications, food, or environmental factors? (i.e., bees, grass, nuts, etc.) Yes No

If so, please provide information about the severity and history of reactions.

Does the participant carry an epi-pen or inhaler?

- Yes No

If so, please explain.

Does the participant have any Physical, cognitive, or sensory condition that would require consideration?

- Yes No

Does the participant take any prescription or non prescription medications during the course?

- Yes No

If yes, please provide details (Medication, dosage, date prescribed and for what condition)

Final Agreements

All the above information is correct, to the best of my knowledge. I understand that participation in Chesapeake Bay Foundation (CBF) activities is entirely voluntary. I understand that the CBF event may involve "hands on" activities such as water quality testing, using simple field equipment, or wading in shallow water, canoeing, boating, handling of live organisms, planting trees and other outdoor activities. I understand that these activities involve getting wet and muddy. CBF has implemented best practices aimed at preventing the spread infectious illnesses; however, I understand that participation in an event includes possible exposure to illness from infectious diseases and viruses including, but not limited to, COVID-19 and influenza. I knowingly and freely assume all such risks related to illness and infectious diseases and I understand the risks and dangers involved in the above-named activities and hereby release CBF from any responsibility for injury which might occur because of participation in CBF activities. In the event of an injury, I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me/my child and permit such treatment procedures to be carried out at and by the local First Responders or hospital(s) for me/ my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

Behavioral conduct

Participants are expected to conduct themselves in a manner that is safe, respectful, and open for learning. Participants are expected to follow all directions, rules, and policies covered in the program information and conveyed by staff. Behavior deemed unsafe, inappropriate, unmanageable, or disrespectful to others can result in programing reduction or cancelation.

I hereby grant permission for the individual or minor identified above to participate in all field activities, except as otherwise noted.

Exceptions: _____

Signature of Participant or Parent/Guardian _____ Date: _____

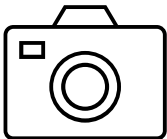


PHOTO RELEASE: I hereby grant the Chesapeake Bay Foundation the unconditional right to use my/my child's name, voice, and photographic likeness of me /my child in connection with any of their audio video production, articles, website materials or press releases, but not as an endorsement.

Initials _____

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