



HEALTH HISTORY FORM

(CHILDREN, YOUTH and ADULTS PARTICIPATING IN CAMPS)

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to the information on this form should be provided to the camp coordinator upon the participant's arrival at camp. Please provide complete information so that the camp staff can be aware of your needs.

Mail these forms to the address below prior to the beginning of the session

STEM Professional Services
Youngstown State University
1 Tressel Way
Youngstown, OH, 44555
ATTN: Williamson STEM Camps

Name _____ Date of Birth _____
Last First Middle

Custodial Parent/Guardian _____ Cell Phone _____

Address _____ Home Phone _____
Street Address City State Zip Code

Business Address _____ Work Phone _____
Street Address City State Zip Code

Email Address _____ Second Email Address _____

Second Parent/Guardian or Emergency Contact _____

Address _____ Cell Phone _____
Street Address City State Zip Code

Business Address _____ Work Phone _____
Street Address City State Zip Code

If not available in an emergency, notify _____

Relationship _____ Cell Phone _____

Address _____
Street Address City State Zip Code

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate the carrier or plan name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to participant _____

Number of policyholder or insurance ID number _____

IMPORTANT—These boxes must be completed for attendance*

Parent/Guardian Authorization: The health history is correct and complete as far as I know, for the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Williamson Innovation Park Summer Camp to provide health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Williamson Innovation Park Summer Camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also understand that any and all expenses incurred by a medical emergency will be covered by myself and/or my insurance carrier, and will not be covered by the Williamson Innovation Park Summer Camp nor the College of Science, Technology, Engineering & Mathematics or Youngstown State University.

Signature of parent/guardian or adult staff member _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my child(ren)s participation in camp activities.

Signature of parent/guardian or adult staff member _____

*If for religious reasons you cannot sign this, contact the camp coordinator for a legal waiver, which must be signed for attendance.

ALLERGIES (List all known)

Describe reaction and management of the reaction.

Medication Allergies (list)

Food Allergies (list)

Other allergies (list)—include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. The Camper Medication Form is also required if taking medication.

☐ This person **takes medication** as follows: **-OR-** ☐ This person **takes No medication(s)** on a routine basis.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year the participant does/may not take during the summer: _____

DOCTOR'S INFORMATION

Name of Family Physician _____ Phone _____

Address _____

Name of Dentist/Orthodontist _____ Phone _____

Address _____

Hospital Preferred _____ City _____

RESTRICTIONS (the following restrictions apply to this individual)

Does not eat ☐ Red meat ☐ Pork ☐ Dairy products ☐ Poultry ☐ Seafood ☐ Eggs

Other _____

Physical Activity Restrictions (e.g. what cannot be done, what adaptations or limitations are necessary)

Participant Name: _____

GENERAL QUESTIONS (Explain "yes" answers below)

Has/does the participant:

	Yes	No		Yes	No
1. Had a recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have asthma or other breathing disorders?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	24. Does the participant have Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections or have ear tubes?	<input type="checkbox"/>	<input type="checkbox"/>	25. <i>Females:</i> Does participant have a menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever been treated for ADD, ADHD or Asperger's Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Has the participant had a routine physical examination in the past twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the question number:

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Immunization Records

By signing below, you are indicating that your child's immunizations are complete and up to date with Ohio Revised Code 3313.67 and 3313.671 for School Attendance.

Date of last tetanus shot _____

Parent/Guardian Signature

Date_____

Immunization Refusal

By signing below, you are indicating that your child does not have immunizations or other medical records for religious or other reasons. You also understand and accept the risks to your child from not being fully immunized.

Parent/Guardian Signature

Date_____

Williamson Innovation Park SUMMER STEM CAMP Participation Waiver and Hold Harmless Form and Assumption of Risk

Name: _____ Telephone Number: _____

I am aware of the risks and hazards that may arise due to my participation in the YSU Williamson Innovation Park Summer STEM Camp ("Summer Camp") and assume all risks associated with participating in the Summer Camp.

I certify that I am physically fit, that there are no health-related reasons or problems that preclude my participation in the Summer Camp, and that I have not been advised by a qualified medical professional to not participate in the Summer Camp.

In consideration of being allowed to participate in the Summer Camp, I hereby agree for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- A. I hereby release, waive and forever discharge the State of Ohio, YSU, its employees, trustees, agents, representatives and volunteers from every claim, liability or demand of any kind whatsoever associated with or related to my participation in the Summer Camp, whether caused by YSU's negligence or otherwise.
- B. I hereby agree to indemnify and hold harmless the State of Ohio, YSU, its employees, trustees, agents, representatives and volunteers from any loss, liability, damages, expenses and/or costs arising out of or relating to my participation in the Summer Camp, whether caused by YSU's negligence or otherwise.

I acknowledge that Youngstown State University and their employees, trustees, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Youngstown State University.

I acknowledge that participation in the Summer Camp may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain; facilities; temperature; weather; condition of participants; equipment; vehicular traffic; actions of other people, including but not limited to participants, volunteers, spectators, coaches, event officials, event monitors, and producers of the event; and lack of hydration. **Common injuries include sprains, strains, concussion, dizziness, exhaustion, small falls, bruises, lacerations, heat related injuries, weather and environmental hazards, and sun burn. Less common and more severe include cardiac emergency, fractures, broken bones, infection, equipment malfunction, falling objects, allergic reactions, drowning, emotional distress, major falls, and death.** These risks are not only inherent to participants, but are also present for volunteers and spectators.

I acknowledge that I understand and agree to abide by all posted, verbal, and written rules associated with the Summer Camp or facility access. I understand that failure to abide by these rules can not only result in suspension or dismissal from the Summer Camp, but also increase associated risk.

I acknowledge YSU is not responsible for use of personally owned equipment on all YSU owned/maintained equipment and facilities. I assume all risk associated with the activity I will be performing in a YSU facility or YSU sponsored activity during the Summer Camp. YSU is not responsible for the maintenance of or quality of my personally owned equipment and therefore will not be responsible if my personally owned equipment fails to function as intended.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during the Summer Camp.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, HOLD HARMLESS AND ASSUMPTION OF RISK AND I SIGN IT OF MY OWN FREE WILL.

_____ Print Participant's Name	_____ Age	_____ Parent's Name (if participant is under 18 yrs of age)
_____ Participant's Signature (if 18 or over)	_____ Date	_____ Parent's Signature (if participant is under 18 yrs of age)

CONSENT TO TRAVEL (Aviation Camp ONLY)

I give consent for my child/minor to travel with Youngstown State University employees and representatives to AMI (Advanced Methods in Innovation) located at 241 West Federal St, Youngstown, OH 44503 on Monday, July 28th from 9:00am-11:00am and Wednesday, July 30th from approximately 9:00am-2:00pm in order to use the AMI 3D printing facilities for camp-related activities. Additionally, I give consent for my child/minor to travel to Butech Bliss, located at 550 S. Ellsworth Ave., Salem, OH 44460 from about 12:30pm-2:30pm on Monday, July 28th to learn how drones are used in the steel industry.

_____ Print Participant's Name	_____ Age	_____ Parent's Name (if participant is under 18 yrs of age)
_____ Participant's Signature (if 18 or over)	_____ Date	_____ Parent's Signature (if participant is under 18 yrs of age)

PHOTO RELEASE

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law:

_____ Print Participant's Name	_____ Age	_____ Parent's Name (if participant is under 18 yrs of age)
_____ Participant's Signature (if 18 or over)	_____ Date	_____ Parent's Signature (if participant is under 18 yrs of age)