

San Juan Islands Youth Conservation Corps

APPLICANT HEALTH/MEDICAL FORM

In order to provide a safer and more successful experience for its members, the San Juan Island Conservation District (SJICD) requires parents/guardians to complete this Health and Medical Information Form for the participant. Please be honest and thorough; it is in your child's best interest to fully disclose medical information upfront so the SJICD can be prepared to provide appropriate care and avoid potentially harmful situations for them. Applicant medical information is confidentially stored and will be shared with the applicant's crew leaders.



Applicant name: _____ **Date of Birth:** ____/____/____

Gender Identity: _____

Pronouns: _____

Parent/Guardian completing this form: _____

Phone: _____

MEDICAL HISTORY

1. Date of last Tetanus shot (month / year): ____/____

If the applicant has not had a Tetanus shot in the last 10 years we highly recommend getting one prior to starting YCC

2. Have you or any members of your household received a COVID-19 Vaccine?

3. Do you or any members of your household plan to get a COVID-19 Vaccine when eligible?

2. Circle Yes or No to indicate any current or past conditions the applicant has experienced **in the last 2 years:**

Chronic or reoccurring illness/condition.....	Yes	No
Hearing loss.....	Yes	No
Drug/alcohol addiction.....	Yes	No
Infectious condition.....	Yes	No
Frequent headaches.....	Yes	No
Tobacco use.....	Yes	No
Hospitalized or surgery.....	Yes	No
Vision/ wear glasses or contacts.....	Yes	No
High/low blood pressure.....	Yes	No
Back pain/ injury.....	Yes	No
Eating disorder.....	Yes	No
Head injury.....	Yes	No
Joint problems or injuries.....	Yes	No

Depression.....	Yes	No
Diabetes.....	Yes	No
Broken bones.....	Yes	No
ADD/ADHD.....	Yes	No
Asthma.....	Yes	No
Dizziness or fainting.....	Yes	No
Bipolar Disorder.....	Yes	No
Mononucleosis or Anemia.....	Yes	No
Seizures.....	Yes	No
Oppositional Defiance Disorder.....	Yes	No
Heart condition.....	Yes	No

Other relevant conditions:

Please explain any “YES” answers. Note the question number and include specific dates, extent, and status of condition. If applicable, please describe activities or environments that may trigger or worsen the condition and steps that are being taken to manage the condition. Please be thorough:

ALLERGIES

Please list all allergies to **Medications, Foods, or Environment** (insect stings, hay fever, animal dander, etc.).

1) Allergy: _____ Date of Last Reaction: _____

Description of Reaction: _____

Treatment: _____

2) Allergy: _____ Date of Last Reaction: _____

Description of Reaction: _____

Treatment: _____

Rx to Epinephrine? Yes/No Other Reactions? (Attach additional pages if necessary)

MEDICATIONS

Circle one: **No**, the applicant does not take any medications on a routine basis.

Yes, the applicant takes medication(s) as follows (attach additional pages if necessary). Please list ALL medications being taken, including over-the-counter or nonprescription drugs, by the applicant:

1) Medication (full name): _____

Reason for taking: _____

Date began and (if applicable) changed dosage: _____ Dosage: _____

Specific times each day: _____ Side effects: _____

Special handling instructions:

2) Medication (full name): _____

Reason for taking: _____

Date began and (if applicable) changed dosage: _____ Dosage: _____

Specific times each day: _____ Side effects: _____

Special handling instructions:

Other medications? Attach additional pages if necessary.

If the medication or dosage for any prescription drug has changed within the last three months, what was the change? Why and when did it occur?

CURRENT HEALTH

Please provide any additional information about the applicant's physical, emotional, or mental health that the YCC should be aware of. Please also use this space to list any accommodations the applicant may need in order to participate in the YCC (attach additional sheets if necessary):

HEALTH/MEDICAL AGREEMENT AND RELEASE

The information provided in this document is correct and complete to the best of my knowledge. I hereby give permission to the San Juan Islands Conservation District (SJICD) staff and leaders to seek emergency medical treatment and arrange necessary transportation for my son/daughter. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by SJICD to secure and administer treatment, including hospitalization, for my son/daughter.

Parent/Guardian Name: _____ Date: _____

Parent/ Guardian Signature: _____

BENADRYL ADMINISTRATION PERMISSION

I give my permission to Crew Leaders of Youth Conservation Corps to administer Over the Counter Benadryl in the event of an allergic reaction such as a slight reaction to a bee or wasp sting. Parents will be informed of use at the end of the work day.

Student Name: _____

Parent Signature: _____

Date: _____