

HEALTH HISTORY FORM FOR ADULTS

Widjiwagan's Environmental Education & Retreat Program

Dear Adult Participant,

The information requested on this form will be used to provide you with the best possible experience during your visit to Widjiwagan in northern Minnesota. By program policy, all of the information is confidential and will only be made available to the staff members working with you.

Thank you for taking time to complete this form. Please, return it as soon as possible to the lead staff person coordinating the trip. For your safety in the event of an emergency, it is crucial that complete information is provided - as necessary, feel free to attach additional information.

Name _____ Age _____ Sex _____

Address _____ Phone _____

City/State/Zip _____ Birth Date _____ SS# _____

Insurance company _____ Policy # _____

Emergency Contact #1 - Name _____

Home Phone _____ Work Phone _____

Emergency Contact #2 - Name _____

Home Phone _____ Work Phone _____

Are you on any medication? Please describe _____

Have you recently experienced any serious injuries or operations? Please describe _____

Have you recently been exposed to any contagious disease? Please describe _____

Date of your last tetanus booster (required within past 10 years) _____

Do you have any of the following health concerns? **Please provide complete details on the back of this sheet if any of the following items are checked.**

Health History:

Diabetes
 Asthma
 Heart Condition
 Convulsions
 Other

Allergies:

Hay Fever
 Insect Stings
 Penicillin
 Other Drugs
 Foods

Other:

Sleep Walking
 Fainting
 Dietary Concerns

This section must be signed before participation will be allowed:

I hereby give permission:

- To the medical personnel selected by the Widjiwagan staff to hospitalize, secure proper treatment for, and to order anesthesia or surgery for me in case of surgical emergency.

- For Widjiwagan to use for promotional purposes any photos or videos taken of me while involved in Widji programs.

- To participate in the Widjiwagan program.

Signature of participant: _____ Date _____