



2015-2016 Environmental Education TEEN Program

Health Form & Medical Release

General Participant Information

Participant's Name _____ Birthday _____ Age _____ Gender _____

Parent/Guardian Name(s) _____

Primary Phone _____ text? Yes No Alt Phone _____ text? Yes No

Alt Phone _____ text? Yes No Alt Phone _____ text? Yes No

Address _____ City _____ ST _____ Zip _____

****Most program correspondence is done by email. Please clearly print an email address you check frequently.****

Email _____

Yes! Add my email to the monthly EE Newsletter (Raven Review) list so I know what's happening!

No thanks, or I'm already on your mailing list.

Ethnicity (Portland Parks & Recreation would like to know if we are serving ALL of Portland.)

African Immigrant

Hispanic / Latino

Multi-Racial

American-Indian / Alaska native

Native Hawaii / Pacific Islander

Other

Asian

Slavic/Eastern European Immigrant

Decline to answer

Black / African American

White / Caucasian

Medical Emergency Waiver

In participating in programs sponsored by Portland Parks and Recreation, I hereby acknowledge that I am the legal guardian for the above named participant. I understand there are risks of accidents, resulting in bodily harm to my child named above, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in each activity for which I have enrolled him/her. However, I do hereby waive all claims, which I might have against the City of Portland, or any of its officers, agents or employees by reason of bodily injuries or death, that my child might suffer arising out of his/her participation whether or not caused by the City's negligence. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses, and loss of personal property, incurred in my child's behalf.

There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events.

Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

Signature of Parent or Guardian _____ Date _____

Photo Policy

Portland Parks & Recreation (PP&R) reserves the right, and may give permission to the media, to photograph classes, programs, and participants at any of our facilities and properties or during any sponsored activity. Please be aware that these photos are for promotional purposes and may be used in future publications and media communications in any format. By participating in PP&R classes and programs, you consent to the taking and publication of your photograph for these purposes. If you see staff with a camera, and you do not wish to be photographed, please let us know. We will honor your request. If you see a photo of yourself or a family member that causes you concern, please notify us. As a courtesy, we will make every reasonable effort to dispose of the image, and will not use it in future publications. However, we will not be able to retrieve, destroy or discontinue existing printed publications in which the photograph may have been included.

Emergency Information

If we are unable to reach parents/guardians in case of an emergency, who should be notified?

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Year of most recent Tetanus Vaccination _____

Insurance Provider _____ Insurance or Medical Policy No. _____

In case of injury, participants will be taken to the nearest hospital: on the west side of Portland to St. Vincent or Good Samaritan and on the east side to Providence or Kaiser Sunnyside, unless you specify another hospital.

Please take my child to _____

Food

Is the participant eligible for Free or Reduced Lunch at school? Yes No

My teen does **NOT** eat: Meat Eggs Dairy (cheese, milk) Pork Wheat other _____

Health Concerns & Medication Information

Does the participant require any accommodations? Yes No

If yes, please explain _____

If yes, have you contacted the PP&R Inclusion Specialist at 503-823-4333? Yes No

Please check all that apply to the participant:

Asthma/Respiratory Condition Hearing Impaired/Deaf Sun Burns Easily Diabetes Unusual Bleeding

Seizures - Type & Frequency? _____

Bee Sting Allergy - Reaction? _____

Pollen or Food Allergies - To what? _____ Reaction? _____

Medication Allergies - To what? _____ Reaction? _____

Are there any other health considerations that staff should be aware of? If so, please describe.

Is the participant currently take any medication? Yes No

Medication name _____ Dosage _____ Reason _____

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*****If medication (even OVER-THE-COUNTER) needs to be taken *while participating in a class or camp*, please bring medication in its original packaging on the first day of programming. ADDITIONAL PAPERWORK IS NEEDED. *****

Are there any behavioral, emotional or intellectual concerns that would be helpful for staff to be aware of?

Height _____ Weight _____ Shoe size _____ Pant Size S M L XL 2XL

Shirt Size S M L XL 2XL feminine cut masculine cut



Sustaining a healthy park and recreation system to make Portland a great place to live, work and play.
www.PortlandParks.org • Amanda Fritz, Commissioner • Mike Abbaté, Director