

P-CREW Crew Member Health History, Medical Release and Authorization

This form grants temporary authority to the field crew leaders to provide and arrange for medical care for crew members in the event of an emergency. This form will be given to the field crew leaders and all information will be kept confidential. **Please print clearly and complete both sides of this form.**

Full name (crew member): _____ DOB: _____

Age: _____ SSN: _____ Height: _____ Weight: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Insurance Information

Primary Care Physician: _____ Phone #: _____

Medical Insurance Provider: _____ Phone #: _____

Policy #/Group ID# _____ Policy Holder's Name: _____

Health History

Allergies

Please list all allergies and describe reaction including: **environmental** (bee, pollen, etc.), **food** (peanuts, dairy, wheat, soy, etc.) and/or **medication** (penicillin, pain medication, etc.):

Food Restrictions- Please list any food restrictions you have not covered under allergies:

Do you carry an Epi-pen? Yes No

Do you (crew member) currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explanation*
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease	
		Asthma	Date of last attack:
		Ear/eyes/nose/sinus problems	
		Frequent headaches	
		Ever passed out during or after exercise	

	Excessive fatigue	
	Abdominal/stomach/digestive problems	
	Obstructive sleep apnea/sleep disorders	
	Psychiatric/psychological or emotional difficulties (including depression)	
	Seizures	Date of last seizure:
	If female, abnormal menstrual history	
	List all surgeries & hospitalizations	
	Recent injury, illness or infectious disease	
	ADD/ADHD	
	Eating disorder	
	Tetanus/Tdap Booster	Date:
	List any other medical conditions not covered*	

*Please attach additional pages if needed.

Medications

Please list any prescription or over the counter drugs taken regularly (including dosage and schedule):

Emergency Contact(s) Information

Parent/Guardian Contact Information:

Name: _____ Relationship: _____

Cell Phone: (_____) _____ Home Phone (_____) _____

Alternative emergency contact (non parent/guardian):

Name: _____ Relationship: _____

Cell Phone: (_____) _____ Home Phone (_____) _____

Emergency Authorization and Liability Release

I understand and recognize the inherent risk of injury in P-CREW activities and particularly, but not limited to: field work, swimming, boating and working with hand tools. I understand that Sierra Institute for Community & Environment and the USDA Forest Service has taken extensive safety measures, including the certification of staff in Wilderness First Responder, CPR, and Water Safety as well as making every effort to aid the safety of all P-CREW participants. Within the first two weeks of each session, each crew member will be certified in Basic First Aid & CPR by a certified instructor.

I hereby give permission to the Sierra Institute for Community & Environment/P-CREW field crew leaders to provide appropriate first aid for minor injuries, and seek further treatment from local physician or hospital if conditions warrant. In the event I cannot be reached in an emergency, I give permission to the physician selected by the field crew leaders to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for _____ (child).

Parent/guardian (print) Parent/guardian signature Date

Permission to Administer Over-the-Counter Medications

I _____ (parent/guardian) hereby give permission for Sierra Institute for Community & Environment/P-CREW field staff to administer the following over-the-counter medications if necessary to _____ (child). Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- Tylenol (headache)
- Aspirin (headache/swelling)
- Pepto Bismol (upset stomach)
- Immodium AD (diarrhea)
- Laxative (constipation)
- Ibuprophen (menstrual/muscle cramps)
- Calamine Lotion or CortAid (Poison Oak)
- Hydrocortisone (Itch relief)
- Sting Stop and/or Itch Ease, After Bite, etc. (for insect stings/bites)
- Neosporin and/or triple-antibiotic ointment
- Benadryl (allergic reactions)
- Diphen (allergies)
- Stool Softener (constipation)
- Salve: coconut oil, bees wax, elderflower, yarrow, and mugwort. (poison oak remedy)
- Technu (poison oak wash)
- Other _____

Parent/guardian signature Date