HEALTH AND WELLNESS FORM

MEDICAL HISTORY

It is important for the HOPEWELL IS ALIVE volunteers/staff to be informed of any relevant medical conditions of the student. A relevant medical condition or illness is one that, if for whatever reason were not attended to, could constitute a medical emergency, e.g., severe allergies, diabetes, severe migraines, etc.

I acknowledge that I must disclose to HOPEWELL IS ALIVE staff all relevant medical conditions and physical activity concerns that may limit my son/daughter’s participation. If my son/daughter has any medical condition or problem that HOPEWELL IS ALIVE staff should be aware of, I understand it is my responsibility to inform HOPEWELL IS ALIVE of the existing condition **on this form**.

ASSUMPTION OF RISK

The physical and emotional well-being of all students is a top priority of HOPEWELL IS ALIVE staff.

**While learning, your child will be participating in activities that require some physical movement.**

I am willingly allowing my child to participate after careful consideration of their physical health, abilities and mental condition.

AUTHORIZATION OF MEDICAL CARE

In the event that my son/daughter require medical attention while volunteering for HOPEWELL IS ALIVE, I hereby grant permission to HOPEWELL IS ALIVE volunteers/staff and its representative to render first aid and to seek emergency medical and rescue services for my son/daughter. I hereby acknowledge that no guarantees have been made to me as to the effect of such procedures or treatment. I acknowledge that I am responsible for all expenses in connection with care and treatment rendered during this period.

CHECK ALL THAT APPLY TO YOUR CHILD:

\_\_Food allergies

\_\_Asthma

\_\_Heart defect/ disease

\_\_Diabetes

\_\_Psychiatric treatment

\_\_Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list food allergies and anything additional we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should an accident occur and my son/daughter is injured under the care of Hopewell Is Alive, I will not sue or hold Hopewell Is Alive, Hopewell Redevelopment and Housing Authority, or it’s volunteers/partners/staff responsible for any medical care/treatment or legal fees.

I am the parent/legal guardian of *(print student’s name) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature Date

**In case of medical emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(name and phone number)*

**Relationship of emergency contact to the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(mother, father, grandmother, aunt, etc)*