



Participant's Legal Name (Last, First) \_\_\_\_\_

DOB \_\_\_\_\_

**Health History** (to be completed by parent/legal guardian)

	Answer Yes/No Only		Comments (required if Yes is circled)
Chronic Illnes	YES	NO	_____
Hospitalization	YES	NO	_____
Surgery other than tonsils	YES	NO	_____
Injuries treated by physician	YES	NO	_____
Organs Missing	YES	NO	_____
Heat exhaustion/stroke	YES	NO	_____
Dizziness, fainting, headaches and/or convulsions	YES	NO	_____
Knocked unconcious	YES	NO	_____
Concussion	YES	NO	_____
Wear glasses/contacts	YES	NO	_____
Hearing defects	YES	NO	_____
Dental appliances (bridge/braces/plate)	YES	NO	_____
Cough/pain	YES	NO	_____
Probems with blood pressure, heart or murmers	YES	NO	_____
Organs Missing	YES	NO	_____
Problems with liver, spleen or kidney	YES	NO	_____
Hernia	YES	NO	_____

Recurrent skin disease	YES	NO	_____
Bone/joint injury	YES	NO	_____
Sprain/discolation	YES	NO	_____
Current Medication	YES	NO	_____
Allergy to medications	YES	NO	_____

Please include medication names:

I certify that the above information is current and correct to the best of my knowledge:

Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dietary Needs/Restrictions + Food Allergies**

In the space below, please provide any information about dietary needs, restrictions and/or food allergies (i.e. gluten allergy, vegetarian, etc...)

**Medication Procedures**

- All medications, prescriptions and over-the-counter, will be carried and given to participants by First Stamp LLC trip leaders. The only exception will be self-carry medications listed below, with parent/guardian approval.
- All medications will be collected by First Stamp trip leaders when the participant begins the program (at airport, if flying, or upon arrival at Trinity University, if driving). When delivering medications to the First Stamp trip leader, please include detailed written instructions along with the original containers that include dosage information. First Stamp trip leader will review medications and instructions when delivered to ensure protocols are properly followed.
- Both prescriptions and over-the-counter medications need to be in their original containers and any prescription medications must have a current prescription label. *Check expiration dates.* Expired medications will not be given. If medication comes in a large bottle, please ask your pharmacist for a properly labeled, smaller bottle. If over-the-counter, please buy a smaller bottle for this trip.
- *Emergency medications/diabetic medications and supplies/prescription birth control medications:* Inhalers, epipens, glucagon kits, insulin and diabetic supplies or other emergency medications and prescription birth control medications are to be provided by the parent/legal guardian in the correctly labeled prescription container. If requested, permission for participants to carry these medications (and these medications only) for self-administration must have written parent/guardian authorization when medications are collected by First Stamp trip leaders.

**Permission for Dispensing of Non-Prescription Stock Medications:** Stock medication for minor symptoms will be dispensed in accordance with dosages prescribed by the manufacturer. Dosages of other items or beyond what is prescribed on the packaging will not be administered. Authorization of each must be indicated with the parent/legal guardian signature. No signature will be interpreted as disapproval.

	Answer Yes/No Only		Parent/Guardian Signature
Tylenol/Acetaminphen	YES	NO	_____
Advil/Ibuprofen	YES	NO	_____
Benadryl	YES	NO	_____
Diphenhydramine Hydrochloride			

Imodium AD                      YES              NO              \_\_\_\_\_

Loperamide Hydrochloride

Tums/Calcium Carbonate      YES              NO              \_\_\_\_\_

I hereby certify that I fully understand the procedures/permission for dispensing of prescriptoin and over-the-counter medicaitons.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_