



# Native Youth Community Adaptation and Leadership Congress

## Student Medical Information

*Print Clearly*



Student's Full Name: \_\_\_\_\_ Student's Preferred Name/Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Is your child covered by Public Health Insurance?  Yes  No  
(i.e. Medicaid, CHIP or Indian Health Service (IHS))  
If yes, name of public health insurance: \_\_\_\_\_

Is your child covered by private health insurance?  Yes  No  
If yes, name of child's health insurance provider:  
\_\_\_\_\_

\_\_\_\_\_  
Policy Holder's Name Insurance Policy Number  
\_\_\_\_\_  
Group or Member Number Prescription Card Number  
\_\_\_\_\_  
Student's Home Doctor/Other Provider Name Doctor/Provider's Phone Number

### Medical Information:

#### List Medications Required by Student (both Prescription and Non-Prescription)

_____ Medication	_____ Dose	_____ Frequency
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My child is aware that they may not share any medication with other campers.

Participant Initials: \_\_\_\_\_

**Drug sensitivities/allergies** (circle if severe) \_\_\_\_\_

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**Epi-pen:** Does your child require an Epi-pen to treat an allergy?  Yes  No  
If yes, please make sure to send at least two Epi-pens along with your child.

**Asthma:** Does your child use an inhaler for asthma?  Yes  No  
If yes, my child has been instructed to carry their inhaler to **ALL** camp activities. Initial \_\_\_\_\_

**Tetanus:** Date of last tetanus \_\_\_\_\_

**Pre-existing conditions:**

Does your child have any injuries or conditions that presently exist that would limit them from any physical activities?  Yes  No

If yes, describe \_\_\_\_\_

Has your child had any sports or orthopedic (muscle, joint, etc) injury within the past year?

Yes  No If yes, describe \_\_\_\_\_

Does your child have any emotional health or behavioral issues?  Yes  No

If yes, explain \_\_\_\_\_

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Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc?)  Yes  No

If yes, describe \_\_\_\_\_

Is participant currently pregnant or has she been pregnant within the past year?

Yes  No If yes, list dates \_\_\_\_\_

Other Health information will not be shared except with medical practitioners, should circumstances warrant. For example, include for your child any recent hospitalizations, injuries, illness, infectious diseases, or any chronic or recurring illness or conditions such as allergies:

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**List Student Food Allergies:** \_\_\_\_\_

**Prescription Medications Statement:**

ALL student medications will be registered and handed to the NYCALC Health Care Coordinator/Nurse upon arrival. Prescription and over-the-counter medications are only dispensed by the Nurse or designated staff members. All medications must be given to the Nurse upon arrival at the National Conservation Training Center (NCTC). Students are allowed to keep vitamins, topical creams, inhalers for asthma, and Epi-pens in their room.

**Over-the-Counter Medicines Available at NCTC as needed:**

The following list are examples of over-the-counter medications that may be made available to students at NCTC as deemed appropriate by the nurse:

Acetaminophen (Tylenol); Bio Freeze (muscle pain relief); Blistex; Calamine Lotion; Chloraseptic; Cough Drops; DayTime Cold & Flu; Diphenhydramine (Benadryl); Epinephrine (Epi Pen); Guaifenesin (Robitussin); Hydrocortisone Cream; Ibuprofen (Advil); Immodium AD (diarrhea relief); Ivy Rid (Benzocaine); Loratadine (Claritin/Claritin D); Maalox; Milk of Magnesia; Naproxen Sodium (Aleve); NightTime Cold & Flu; Pepto-Bismol; Pseudoephedrine HCL (Sudafed); Silver Sulfadiazine (Burn Ointment); Super Blue Stuff (Sore Muscles, Bruises, Sprains); Tolnaftate - Tinactin (to treat athlete's foot fungus); Triple Antibiotic Ointment (to treat scrapes to prevent infection)

In the event that I, the child's parent/guardian, cannot be reached in case of a medical emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

I give permission for my child to be treated for minor scrapes, bruises, cuts, and skin irritations by National Conservation Training Center staff and the use of over-the-counter medicines.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Emergency Phone Number

**Paperwork Reduction Act Statement:** We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to assure the health and safety of participants while on site at the National Conservation Training Center for the Congress. Your response is voluntary and we will not share your response publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this focus group and assigned OMB Control Number 1018-####.

**Estimated Burden Statement:** We estimate it will take 30 minutes to complete this form, including time to read instructions and gather information. You may submit comments on any aspect of this information collection to the Service Information Collection Clearance Officer, U.S. Fish and Wildlife Service, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email at [Info\\_Coll@fws.gov](mailto:Info_Coll@fws.gov). Please do not send your completed form to this address.