



# Participant Health Form

School Year: 2024-2025

Student Name \_\_\_\_\_

**I/We agree to the following: (Initial all)**

I/we understand that students participate in hand-on science projects, field trips and interact with STEM professionals and with campers from other schools. Lunch, snacks and all camp materials are included.

Parent/Guardian Initial \_\_\_\_\_

I/we understand that transportation to and from events each week will be provided unless otherwise noted.

Parent/Guardian Initial \_\_\_\_\_

I/we have reviewed all workshop dates and I/we will be attending all weeks.

Parent/Guardian Initial \_\_\_\_\_

If my student is unable to attend camp, I/we will notify Natalie (Nat) Macías 503-676-5279 **at least 72 hours (3 days) in advance**. In addition, if my student needs to leave early due to an emergency at home, I/we will contact Natalie (Nat) Macías to make arrangements.

Parent/Guardian Initial \_\_\_\_\_

**Oregon State University Equal Opportunity and Access Policy:**

Oregon State University strives to ensure that all educational programs, services, activities and materials we offer to the public are identified, developed, delivered, and evaluated in an inclusive, equitable, and socially just manner. OSU Extension Service educational programs, services, activities, and materials are available to all people.

Oregon State University Extension Service prohibits discrimination in all its programs, services, activities, and materials on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, genetic information, veteran's status, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

All members of the university community may raise concerns of discrimination, harassment, and bullying with OSU's Office of Equal Opportunity and Access (<https://eoa.oregonstate.edu/complaint-information-and-procedures>).

**I have read and understand the above policy and will include any medical equipment needs on the pages that follow. Please contact Nat Macías ([natalie.macias@oregonstate.edu](mailto:natalie.macias@oregonstate.edu) or 503-676-5279) for any special considerations or accommodations that might be needed during camp.**

Parent/Guardian Initial \_\_\_\_\_

Student Name \_\_\_\_\_

**Health History Form**

**Camper Health History Form**

All health information must be completed by and signed where indicated by a parent/legal guardian. **ALL INFORMATION IS KEPT CONFIDENTIAL.**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Check Health Concerns – Please check and provide needed description below\***

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies or Medication            | <input type="checkbox"/> Learning concerns  |
| <input type="checkbox"/> Asthma or other breathing problems | <input type="checkbox"/> Physical disabilities  |
| <input type="checkbox"/> Bowel/Bladder Problems             | <input type="checkbox"/> Recent physical injury: _____  |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Seizure Disorder   |
| <input type="checkbox"/> Emotional/behavioral issues        | <input type="checkbox"/> Skin Problems  |
| <input type="checkbox"/> Handicapping Conditions            | <input type="checkbox"/> Vision/Hearing Problems  |
| <input type="checkbox"/> Hay Fever                          | <input type="checkbox"/> Other chronic or recent illness or surgical procedure. Specify _____ |
| <input type="checkbox"/> Heart Problem                      |   |

**\*Provide more specific information about identified health concern(s) including treatment/medication or activity restrictions needed while at camp:**

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

**IN CASE OF MEDICAL OR SURGICAL EMERGENCY**, I hereby give permission to the physician selected by the Tillamook County Summer STEM Camp staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above. **(Legal parents/guardian contacted first whenever possible.)**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

This form has been completed by the parent/guardian signing below:

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please reach out if you have any questions! Forms should be returned by Tuesday, May 31<sup>st</sup> to:**

**Natalie (Nat) Macías**  
**4506 3rd St. Tillamook, OR 97141**  
**503-676-5279**  
**natalie.macias@oregonstate.edu**

