

MEDICAL HISTORY QUESTIONNAIRE



Name _____ Date of Birth _____ Sex _____
 Address _____ Phone _____
 City, State, ZIP _____
 Family Medical Ins. Co. _____ Policy No. _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____

Please circle "YES" or "NO" and provide additional details where required.

ALL INFORMATION WILL BE CONFIDENTIAL

- | | | | |
|---|----|-----|------------|
| 1. Is an interpreter needed for your child? | NO | YES | |
| 2. Are you allergic to any medication (aspirin, penicillin, etc)? | NO | YES | When _____ |
| 3. Are you allergic to bees or wasps? | NO | YES | When _____ |
| List medication _____ | | | |
| 4. Do you take any medication on a permanent or semi-permanent basis? | NO | YES | When _____ |
| List with reason _____ | | | |
| 5. Have you ever had a seizure? | NO | YES | When _____ |
| 6. Have you ever been told by a doctor that you have epilepsy? | NO | YES | When _____ |
| 7. Have you ever been treated for diabetes? | NO | YES | When _____ |
| 8. Have you ever been told by a doctor that you were anemic? | NO | YES | When _____ |
| 9. Have you ever had a serious accident? | NO | YES | When _____ |
| 10. Do you have or have you ever had high blood pressure? | NO | YES | When _____ |
| 11. Do you have or have you ever had the following diseases: | | | |
| Hay fever | NO | YES | When _____ |
| Fainting spells | NO | YES | When _____ |
| Frequent diarrhea | NO | YES | When _____ |
| Severe stomach aches | NO | YES | When _____ |
| Menstrual problems | NO | YES | When _____ |
| Ear ache or ear infection | NO | YES | When _____ |
| Heart disease | NO | YES | When _____ |
| Lung disease (pneumonia, etc.) | NO | YES | When _____ |
| Kidney disease (infection, etc.) | NO | YES | When _____ |
| Liver disease (mononucleosis, etc.) | NO | YES | When _____ |
| Hepatitis | NO | YES | When _____ |
| 12. Have you ever been told by a doctor that you have asthma? | NO | YES | When _____ |
| List medication _____ | | | |
| 13. Do you have or ever had a hernia or rupture? | NO | YES | When _____ |
| 14. Have you been "knocked out" unconscious, had a concussion or head injury? | NO | YES | When _____ |
| 15. Have you stayed overnight in a hospital? _____ | NO | YES | When _____ |
| Why? _____ | | | |
| 16. Are you currently under the care of a mental health professional? | NO | YES | When _____ |
| 17. Are you currently taking any behavior modification medication? _____ | NO | YES | When _____ |
| Why? _____ | | | |

IMMUNIZATIONS: Tetanus Toxoid — date of last inoculation _____

EMERGENCY MEDICAL AUTHORIZATION

The above History Questionnaire is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery or other medical procedures required by the emergency situation.

I give consent for the Nebraska Game and Parks Commission (hereinafter NGPC) to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

LIABILITY/MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the NGPC, except as may be caused by the grossly negligent or reckless conduct of the NGPC and their agents, servants, employees and volunteers, I agree to hold harmless for any said illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guests at Platte River State Park, and that violations may result in a denial of privileges and forfeiture of all fees paid and immediate removal from Nebraska state park property.

By signing below I recognize that the activities are conducted under normal field conditions and involve some risk and assume responsibility for all actions and for any injury that may result from participating. I have read the Emergency Medical Authorization, Liability/Medical Release and have completed the Medical History Questionnaire to the best of my knowledge. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and Hereby waive any claims arising while residing and/or participating in programs of NGPC and Platte River State Park.

Participant's Signature _____ Guardian's Signature _____

Date _____ Date _____

Bringing Families and the Great Outdoors Together

Nebraska's Becoming an

May 2-3, 2015
Camp for the Hearing Impaired
Platte River State Park

Outdoors-Family Program



BECOMING AN OUTDOORS-FAMILY

Becoming an Outdoors-Family is a workshop focused on learning basic outdoor skills to help you and your family enjoy the outdoors. Skills taught are related to a variety of outdoor sports such as fishing, camping, kayaking, archery, hunting and hiking.

Another goal is to provide families an opportunity to reconnect with each other and the outdoors in a comfortable, safe and relaxed setting. Parents and siblings of the deaf or hard of hearing child are encouraged to attend, making it a whole family experience. **Best of all, the entire camp is FREE!**

Expert instructors will start with the basic skills and provide hands-on experience that they will use for a lifetime of fun in the outdoors.

REGISTRATION

This camp is limited to the first 10 families who register. Complete both sides of registration form and send to the Nebraska Game and Parks Foundation to BOF Deaf Skills, PO Box 30370, Lincoln, NE 68503-0370. A Medical History Form must be filled out for each participant. You can either make copies, or contact Christy Christiansen at (402) 471-5547 or at christy.christiansen@nebraska.gov.

WORKSHOP SPONSORS

Donations from sponsoring organizations: Nebraska Lions Foundation Hearing Committee and Nebraska Regional Program for Students Who Are Deaf or Hard of Hearing help to defray the cost of the programs, meals, lodging and other supplies.

LODGING

One cabin per family will be provided. Each camper cabin has a living area with a refrigerator, two bedrooms, one with two sets of bunkbeds and one with a double bed. A roll-a-way bed can be provided upon request. Cabins have heat and air conditioning, a community bath house is within walking distance of the cabins. Bedding and towels are provided. Please bring your own personal items (soap, shampoo etc.) We will be outdoors for some classes rain or shine so dress appropriately for the weather.

REQUIRED PERMITS

A 2015 park permit will be required per vehicle. Jenny Newman Pond is a catch-and-release fishing pond, open to all children less than 16 years old and adults assisting children.

CONFIRMATION PACKET

A packet with class schedule, directions, packing list, and other necessary details will be mailed to you about two weeks before the workshop.

CANCELLATION

Please contact us on or before April 18 if you need to cancel. We will offer your spot to another family or you can send a family in your place.

SUPERVISION

One adult must be present with up to two children under age 16 in each session. Guardians are responsible for the supervision of their children at all times. Limited activities for children 6 years of age and younger.

Activities

ARCHERY/3-D SHOOTING

Participants will learn proper equipment selection, correct shooting techniques and form, along with basic archery terminology. Participants will be doing live shooting. This is a great opportunity to try your hand at archery and improve your shooting skills. You will shoot at various 3-D targets and have the opportunity to shoot a variety of archery equipment.

HATCHET THROWING

Fun activity for everyone! Grab a hatchet and give it a throw! See if you can stick it in the target.

INTRODUCTION TO FIREARMS

Covers basic gun safety, gun handling, identifying guns and the use of various firearms and types of ammunition. It will help you gain confidence and knowledge about firearms.

RIFLES AND PELLET GUNS

Participants will learn hands-on training on basic rifle handling, ammunition, safety and shooting techniques. All firearms, eye and ear protection will be provided. Pellet guns also will be available. Participants must be 8 years old to shoot rifles.

OUTDOOR COOKING

This class covers everything from campfires, dutch oven cooking, can cookers, pie irons and yummy desserts. Participants will cook and eat a full course meal.

FISHING

Take a trip to the pond with your fishing instructors. Learn about all of the equipment, baits, lures, knots, fish, waters, etc. This course is a logical and simple approach to fishing for any species found in Nebraska.

KAYAKING

Learn about kayaks, paddles, equipment, safety, and techniques used to enjoy your day on the water. Participants will have the opportunity to put their learning to practice in safe and quiet waters.

AQUATIC ECOLOGY

Learn about life in the water. Collect samples of aquatic animals (invertebrates, zoo-plankton, fish) and plants (algae and water plants) while a Master Naturalist guides your activity and discusses their importance in a lake food web.



Workshop Schedules

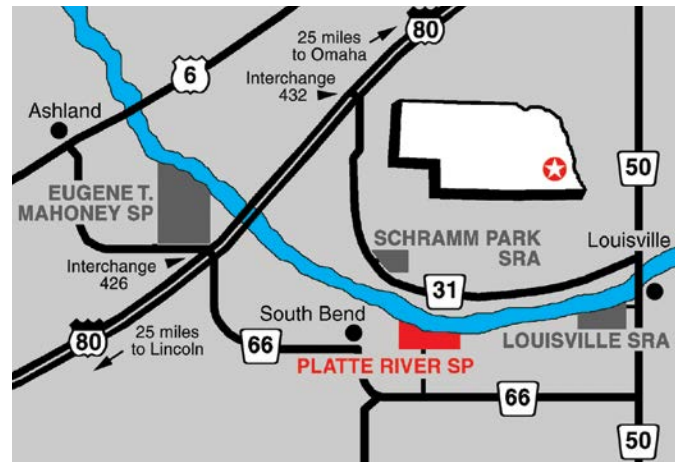
Saturday, May 2

- 10 - 11 a.m. Check-in and Registration at Decker Creek
- 11 a.m. – 4 p.m. Aquatic Activities with Lunch Provided at the Lake
- 4 – 5:30 p.m. Free Time for Hiking and Sightseeing
- 5:30 – 7:30 p.m. Outdoor Cooking (Food Provided at the Fire Pit)
- 7:30 – 9 p.m. Campfire with S'mores
- 9 – 10 p.m. Stargazing

Sunday, May 3

- 9 - 10 a.m. Breakfast at Scott Lodge
- 10 - 10:30 a.m. Introduction to Firearms
- 10:30 a.m. - 2:30 p.m. Shooting Range with Lunch (Food Provided by Camp)
- 2:30 p.m. Closing and Wrap-Up

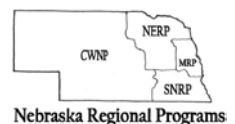
How to get to Platte River State Park



Sponsored by



NEBRASKA
— GAME PARKS —



Nebraska Regional Programs

Platte River State Park
May 2-3, 2015

Nebraska's Becoming an Outdoors-Family



REGISTRATION FORM

Name _____
Phone (daytime) _____ Phone (Evening) _____
Address _____ City, State, ZIP _____
E-mail Address _____

May we use the above information on a participant list distributed at the workshop? Yes No

Occasionally we will use photos from the workshop for promotional purposes.
Do we have your permission to use photos of you? Yes No

Adult #1 _____
Adult #2 or Child #5 _____ Age _____
Child #1 _____ Age _____
Child #2 _____ Age _____
Child #3 _____ Age _____
Child #4 _____ Age _____

*Add additional people on separate sheet if necessary.
Remember to provide one adult per two children.*

Total number of adults _____

Total number of children (under age 16) _____

Only one family may register per form.

**SIGNED MEDICAL HISTORY
QUESTIONNAIRE FORM MUST BE
FILLED OUT FOR EACH PARTICIPANT.**

Please photo copy or visit our website at
www.OutdoorNebraska.org/OHEC
for additional forms.

For additional information:
Call Christy Christiansen at (402) 471-5547.

| | | |
|---|--|--|
| Are you an EMT, RN, LPN, or Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Check here if you have any dietary requirements, food allergies, and describe your needs: _____ _____ _____ | <input type="checkbox"/> Check here if you have any special needs that require assistance and describe your needs: _____ _____ _____ |
| Would you be willing to help in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you need a sign language interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Camp is limited to the first 10 families to register. Preference given to families who haven't attended previously.

REGISTRATION IS TAKEN ON A FIRST-COME, FIRST-SERVE BASIS. NO REGISTRATIONS WILL BE ACCEPTED BY TELEPHONE OR FAX. FEE AND MEDICAL QUESTIONNAIRE(S) MUST ACCOMPANY REGISTRATION.

Sponsored by the Nebraska Game and Parks Commission, Nebraska Lions Foundation Hearing Committee, Nebraska Regional Program for Students Who Are Deaf or Hard of Hearing and Sertoma Clubs of Nebraska.