



## Participant's Health History

*A nurse will be on-site during Caterpillar's Quest and SOAR to administer medication and attend to any medical needs. Please provide the following information regarding your child's Health History and Medications.*

Participant Name \_\_\_\_\_

Hospital Insurance  Yes  No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group# \_\_\_\_\_ Effective Date \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

*If Parent/Guardian is not available in an emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



**Health conditions or allergies:**

**Include approx. date (if applicable):**

Frequent ear infections

Hay Fever/Sinus

\_\_\_\_\_ Chicken Pox

Heart Defect/Disease

Ivy Poisoning, etc.

\_\_\_\_\_ Measles

Asthma

Insect Stings

\_\_\_\_\_ German measles

Diabetes

Penicillin

\_\_\_\_\_ Mumps

Behavior Problems

Food

\_\_\_\_\_ Hepatitis

Epilepsy

Other \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Please explain any health conditions checked on previous page:

Surgeries or serious injuries (include dates): \_\_\_\_\_

Chronic/recurring illness (physical, emotional):

Any prescribed meal plan, dietary restrictions, or food allergies:



**Medication Information**

May the Health Care staff administer Tylenol?  Yes  No

If not, please name an alternative: \_\_\_\_\_

Does participant take any medications?  Yes  No

*If yes, please provide information below:*

Medication name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

How administered? (Orally, Injection, etc.): \_\_\_\_\_

Medication name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

How administered? (Orally, Injection, etc.): \_\_\_\_\_

Medication name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

How administered? (Orally, Injection, etc.): \_\_\_\_\_

Medication name: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

How administered? (Orally, Injection, etc.): \_\_\_\_\_

**All prescription medications must be brought to event in their original container from the pharmacy, properly labeled with current dosage. Any changes from those on the container must be verified in writing by a physician. All medication must be turned over to the health care staff at registration the morning of the event.**

I hereby give my permission to the Caterpillar's Quest and SOAR medical staff to administer regular medications, or any needed over-the-counter medication and provide on-site care for my child.

**Parent/Guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## General Confidentiality Policy

**Policy:** Strict confidentiality of all Caterpillar's Quest and SOAR event participant information is to be maintained at all times. Any information received that either directly or indirectly relates to Caterpillar's Quest and SOAR participants is privileged and not subject to disclosure.

Confidential participant information includes, but not limited to:

- Participant's name
- Scope and nature of concern/loss
- Nature of attendance
- Medical, mental health, substance abuse or developmental disability histories.
- Any information that will be adverse to health, safety, or reputation of the participant's or his /her family or significant other.

I have read, understand, and agree to abide by the Caterpillar's Quest and SOAR confidentiality policy as stated above. I understand that all information obtained through interview(s) or event visit is considered confidential. I understand that all information that is part of the participant/family record is considered confidential. I agree to respect the principle of confidentiality. Unauthorized disclosure of the confidential information is a crime punishable by the court and/or civil penalties.

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Relationship to participant** \_\_\_\_\_

**Date** \_\_\_\_\_



## Parent/Guardian Consent and Liability Release Form

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate fully in the activities of Caterpillar's Quest and SOAR, programs of Hospice of the Piedmont and Hospice of Randolph's Kids Path Program.

We (I), \_\_\_\_\_, authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. The undersigned also gives permission for their child to ride in any vehicles designated by the adult in whose care the minor child has been entrusted while attending and participating in activities sponsored by Hospice of the Piedmont and Hospice of Randolph.

In consideration for being accepted by Hospice of the Piedmont and Hospice of Randolph for participation in Caterpillar's Quest and SOAR activities, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child- participating) hereby release, forever discharge and agree to hold harmless Caterpillar's Quest, SOAR, Kids Path, Hospice of the Piedmont, Hospice of Randolph and the directors there of from any liability, claims and demands for personal injury, sickness or death, as well as the damage, and expense of any nature whatsoever which may be incurred by the undersigned and the child-participant in the above described event.

Furthermore we (I) \_\_\_\_\_ and on behalf of our (my) child participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation and activities involved therein. Further, authorization and permission is hereby given to said event to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said event, its directors, employees and agents, for liability sustained by said event as the result of the neglect, willful or intentional acts of said participants, including expenses incurred attendant thereto. Further should it be necessary for the participant to return to home due to medical reasons, disciplinary action or otherwise, we (I) will arrange for transportation home.

Parent/Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_



## Media and Communications Permission Form

To communicate the Kids Path mission and message, I give permission for Hospice of the Piedmont and Hospice of Randolph to use photos, videotapes, quotations, stories, artwork, and other artistic expressions of the children and teens served through Caterpillar's Quest and/or SOAR for purposes including but not limited to display boards, social media marketing, event promotions, brochures, newsletters, lectures and training sessions.

The names of children and detailed information about children will not be spoken, shared, or printed. By signing this form, I give permission for Hospice of the Piedmont and Hospice of Randolph to utilize this content without my pre-approval, knowing that it will only be utilized to further the Kids Path mission.

We give permission to the above uses of pictures, photos, artwork, quotations, stories, and videos.

We give our permission with the following exceptions:

We do **Not** give permission to any of the above.

Child(ren) Name(s): \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_