



EDMOND POLICE DEPARTMENT

EXPLORING PROGRAM

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Edmond Police Department Exploring Program recommends that all youth members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, EPD Exploring program has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that all leaders must always protect the privacy of participants by protecting their medical information.

Parts A and C are to be completed annually by all EPD Explorer participants. Both parts are required for all events where the level of activity is similar to that normally expended at home or at school, such as field days, conferences, and academics, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement as well as a talent release statement. Adult leaders should review participants' health histories and become knowledgeable about the medical needs of the youth participants. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C as your youth participant will be involved in events that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as community service projects and weekly training. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for our state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include law enforcement activities, mock trial competitions, and other outdoor activities. It is important to note that the height/weight chart must be strictly adhered to if the event will take the post beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation.

Risk Factors

Based on the vast experience of the medical community, EPD Exploring Program has identified that the following risk factors may define your participation in various outdoor activities.

Excessive body weight

Heart disease

Hypertension (high blood pressure)

Diabetes

Allergies/anaphylaxis

Psychiatric/psychological and emotional difficulties

Seizures

Lack of appropriate immunizations

Asthma

Sleep Disorders

Muscular/skeletal injuries

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the Edmond Police Department's Exploring Program does not mandate or necessarily encourage the leader to do so.

Annual Edmond PD Exploring Program Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____ Phone No _____

Adult leader _____ Post No. _____ Religious preference _____

Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).

IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following: **Allergies or Reaction to:**

Yes No Condition Explain Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by EPD Exploring Program. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes / No / Date

Tetanus _____

Pertussis _____

Diphtheria _____

Measles _____

Mumps _____

Rubella _____

Polio _____

Chicken pox _____

Hepatitis A _____

Hepatitis B _____

Influenza _____

Yes / No / Date

Asthma _____

Diabetes _____

Hypertension (high blood pressure) _____

Heart disease (i.e., CHF, CAD, MI) _____

Stroke/TIA _____

COPD _____

Ear/sinus problems _____

Muscular/skeletal condition _____

Menstrual problems (women only) _____

Psychiatric/psychological and emotional difficulties _____

Learning disorders (i.e., ADHD, ADD) _____

Bleeding disorders _____

Fainting spells _____

Thyroid disease _____

Kidney disease _____

Sickle cell disease _____

Seizures _____

Sleep disorders (i.e., sleep apnea) _____

GI problems (i.e., abdominal, digestive) _____

Surgery _____

Serious injury _____

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)

Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____

Reason for medication _____ Approximate date started _____ Temporary or Permanent _____

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ Meets height/weight limits Yes No _____
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory.

(For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Abnormalities		Range of Mobility	Normal	Abnormal	Explain Abnormalities
Eyes _____					Knees (both) _____			
Ears _____					Ankles (both) _____			
Nose _____					Spine _____			
Throat _____								
Lungs _____					Other	Yes	No	Explain
Heart _____					Contacts _____			
Abdomen _____					Dentures _____			
Genitalia _____					Braces _____			
Skin _____					Inguinal Hernia _____			
Emotional _____					Medical Equip _____			
Adjustment _____								

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:
 Hiking and camping, Competitive activities, Backpacking, Swimming/water activities, Climbing/rappelling, Sports, Horseback riding, Mountain biking, Challenge ("ropes") course, Cold-weather activity (<10°F), Wilderness/back country treks; Specify restrictions (if none, so state)

Certified and licensed health-care providers recognized by Learning for Life to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B Last name: _____ **DOB:** _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Edmond Police Departments Exploring activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the City of Edmond, Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with the City of Edmond, Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of City of Edmond Exploring and Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Without restrictions _____

With special considerations or restrictions (list) _____

Talent Release Form

I hereby assign and grant to the City of Edmond and Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release the City of Edmond and Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the City of Edmond and Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes _____ No _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant’s name _____

Participant’s signature _____

Parent/guardian’s signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.

NOTARY:

Subscribed and sworn to me this: _____ **day of** _____

Commission Expires – Commission Number

Notary Public