

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. Are you allergic to any medication (aspirin, penicillin, etc)?	NO	YES	When _____
2. Are you allergic to bees or wasps? List medication _____	NO	YES	When _____
3. Do you take any medication on a permanent or semi-permanent basis? List with reason _____	NO	YES	When _____
4. Have you ever had a seizure?	NO	YES	When _____
5. Have you ever been told by a doctor that you have epilepsy?	NO	YES	When _____
6. Have you ever been treated for diabetes?	NO	YES	When _____
7. Have you ever been told by a doctor that you were anemic?	NO	YES	When _____
8. Have you ever had a serious accident?	NO	YES	When _____
9. Do you have or have you ever had high blood pressure?	NO	YES	When _____
10. 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 _____
11. Have you ever been told by a doctor that you have asthma? List medication _____	NO	YES	When _____
12. Do you have or ever had a hernia or rupture? _____	NO	YES	When _____
13. Have you been "knocked out" unconscious, had a concussion or head injury? _____	NO	YES	When _____
14. Have you stayed overnight in a hospital? _____ Why? _____	NO	YES	When _____
15. Are you currently under the care of a mental health professional? _____	NO	YES	When _____
16. Are you currently taking any behavior modification medication? _____ Why? _____	NO	YES	When _____

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 Fort Kearny SHP/SRA, 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 Fort Kearny SHP/SRA.

Participant's Signature _____ Guardian's Signature _____
 Date _____ Date _____

Bringing Families and the Great Outdoors Together

Nebraska's Becoming an

2016 Fort Kearny BOF
Fort Kearny State Historical Park
and State Recreation Area
August 12-14, 2016



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, outdoor cooking, 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. We welcome all types of families to participate. Bring your grandchild, niece or nephew, or big brother/sister and join us. Expert instructors will teach these classes. Instructors begin each class with the basics, providing hands-on experience and encourage all participants to ask questions and try the skill, focusing on fun!

REGISTRATION

Complete both sides of registration form and send with check payable to the Nebraska Game and Parks Foundation mail to; Nebraska Game and Parks Commission C/O Christy Christiansen 2200 N 33rd St. Lincoln, NE 68503. A Medical History Form must be filled out for each participant. You can either make copies or download a form at www.NebraskaBOW.com. If you have questions, call 402-471-5547.

WORKSHOP FEE

\$75 for six people or less. Each additional person is \$10. Bring a friend!

LODGING-OPTIONAL OVERNIGHT

Bring tent, sleeping bags, lawn chairs, towels and personal items (tents can be provided if needed). We will be outdoors for all classes rain or shine so dress appropriately for the weather. An electrical camping pad maybe reserved at camper expense by calling 308-865-5305.

REQUIRED PERMITS

A 2016 park permit will be required per vehicle. A fishing permit will be required for any participant over 16.

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

Cancel on or before July 29, full refund minus a non-refundable \$30 deposit. Cancel after July 31 and there will be no refund. A substitute may be sent 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 8 years of age and younger.

Activities

OUTDOOR COOKING

Learn fun ways to cook outdoors with kids. We will grill with foil, roast hot dogs, make pizzas in an iron and of course, make s'mores.

DUTCH OVEN COOKING

This class covers everything from how to select and take care of a Dutch oven to how to use this traditional cooking utensil to prepare main dishes, vegetables, cakes, breads and one-pot dinners. We will cook an excellent dinner and desserts for Saturday.

SHOOTING SPORTS

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. No live shooting will be done in this setting.

ARCHERY

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.

.22 RIFLES AND AIRGUN

Participants will learn hands-on training on basic gun handling, ammunition, safety and shooting techniques. All firearms, eye and ear protection will be provided. 7 and under will shoot air guns.

ON THE WATER

LAKE FISHING

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

KAYAKING

Learn about different types of kayaks, paddles, equipment, safety, and techniques used to enjoy your day on the water. Participants will have the opportunity to paddle 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.

MORE FUN

SCAVENGER HUNT

Come and discover the wonders of Fort Kearny through this scavenger hunt for all ages.

HIKING

The Hike/Bike Trail, Nature Trail and the 2 mile paved road loop in the park offers different hiking opportunities.

SWIMMING

Lake 7 is the swimming lake with a beach. The beach is open from dusk til dawn daily. No glass or flotation devices (except life jackets) are allowed in the swimming area. There is no lifeguard on duty.

SAND VOLLEYBALL

Have some fun in the sand and sun while playing a game of volleyball! The court will be available all day to anyone wanting to participate.

Workshop Schedules

Friday, August 12

- 5:30 - 6 p.m. Check-in west shelter
- 6 - 6:30 p.m. Introductions
- 6:30 - 8 p.m. Outdoor Cooking
- 8:30 p.m. Sunset Bird Watching and Hike

Saturday, August 13

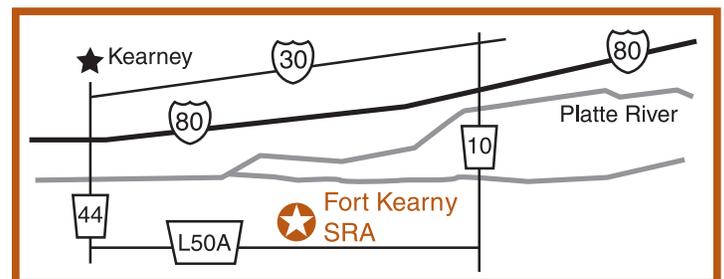
- 8 - 9 a.m. Breakfast
- 10 a.m. - Noon Shooting Sports and Aquatic Education
- Noon - 1 p.m. Lunch
- 1 - 4 p.m. Shooting Sports and Aquatic Education
- 4 - 5:30 p.m. Free Time
- 5:30 - 9 p.m. Dutch Oven Cooking, Campfire Entertainment and S'mores.

Sunday, August 14

Breakfast and Camping on your own.



How to get to Fort Kearny SRA



**Fort Kearny SRA
August 12-14, 2016**

Nebraska's Becoming an Outdoors-Family



Sponsored by the Nebraska
Game and Parks Commission

REGISTRATION FORM

Name _____
Phone _____
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 _____
Child #1 _____ Age _____
Child #2 _____ Age _____
Child #3 _____ Age _____
Child #4 _____ Age _____
Child #5 _____ Age _____

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.NebraskaBOW.com
for additional forms.

Add additional people on a separate sheet.

<p>Are you an EMT, RN, LPN, or Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you be willing to help in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you need a sign language interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Check here if you have any dietary requirements, food allergies, and describe your needs: _____ _____ _____</p>	<p>A limited number of loaner tents will be available. Tents sleep six. Let us know what you will need.</p> <p># _____ Tents</p>
<p><input type="checkbox"/> Check here if you have any special needs that require assistance and describe your needs: _____ _____ _____</p>	<p>Number of adults _____</p> <p>Number of children (12 and under) _____</p> <p>Becoming an Outdoors-Family (Six or less) TOTAL \$ <u>75</u></p> <p>Each additional person: \$10 x _____ = \$ _____</p> <p>TOTAL \$ _____</p>	

FOR QUESTIONS OR CONCERNS PLEASE CONTACT:

Christy Christiansen
402-471-5547
christy.christiansen@nebraska.gov

Laura Rose
308-865-5305
ngpc.fort.kearny@nebraska.gov

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.