



OHIO YOUNG BIRDERS CLUB

www.ohioyoungbirders.org

Founded in 2006 by Black Swamp Bird Observatory

Encouraging, Educating, and Empowering Our Youth Conservation Leaders



BLACK SWAMP BIRD OBSERVATORY

Health History and Examination Form: For Youth Attending Field Trips

Child's Name: _____

Birth Date: (mm/dd/yy) _____ Phone: _____ - _____ - _____

Home Address: _____

Custodial Parent/Guardian: _____

Address: _____ Phone: _____ - _____ - _____

Second Emergency Contact: _____

Address: _____ Phone: _____ - _____ - _____

Relationship to Participant: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____

Name of Insured: _____ Relationship to participant: _____

Social Security number of policy holder or insurance ID number: _____

Participant's Medical Information:

Please list all known allergies, describe reaction and management of reaction

List Any and all medication(s) being taken, or indicate

This person currently takes no medication on a regular basis

Use this space to provide any additional information about the participant's health about which we should be aware.

Please complete and return form to:

Black Swamp Bird Observatory • 13551 West State Route 2 • Oak Harbor • Ohio • 43449