

ADD STUDENT LEADERSHIP

Medical Information

For the Physician

To the Physician: This form is part of a safety protocol for participation in a four day leadership retreat geared especially for kids with Attention Deficit Disorder. These programs will deal in particular with the great potential these young people have to use their charisma and risk-taking to their advantage. There is a wilderness component that requires physical health but not necessarily strong conditioning.

Patient's Name: _____ Date of Exam: _____

Physician's Name: _____

How long have you known the student?

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Blood type: _____ Blood Abnormalities _____

Are there any relevant abnormal findings in the patient's medical history about which we should be aware? Please provide details.

Normal Abnormal Findings/Relevant History Initials

General Appearance q _____

Heart (supine/standing) q _____

Chest/Lungs q _____

Abdomen q _____

Teeth q _____

Skin q _____

Hearing q _____

Eyes q _____

Glands q _____

Musculoskeletal _____

Any medications which the student takes regularly or as needed:

Any drugs/substances which the student is allergic to:

CURRENT OR PAST TREATMENT

Is the student currently seeking medical treatment? If so, for what condition(s)?:

Does this treatment affect in any way the student's ability to take responsibility for their physical health or compromise their ability to actively participate on the program? (explain):

Is the student presently, or have they in the past, received emotional counseling or psychiatric attention? If so, for what condition(s)?:

Does this current treatment or history affect in any way the student's ability to take responsibility for their mental health or compromise their ability to actively participate on the program? (explain):

PARTICIPATION STATUS

I, _____ (physician's name), having examined

(student's name) make the following recommendation about the student's participation in the ADD Leadership Retreat.

- q Full approval for unlimited participation
- q Approval for participation with the following stipulation(s)

- q Participation not endorsed for the following reason(s)

Clinician's signature _____ Date

(Examining Clinician)

Student's Signature _____ Date

EMERGENCY INFORMATION

By providing the following information ADD Student Leadership will be able to notify the proper people immediately in the event of an emergency. Please print clearly.

Your Name: _____ Date this form was completed _____
Date Of Birth _____ Age _____ Sex _____
Occupation _____
Physician's Name: _____ Phone _____ City/State _____

IN CASE OF AN EMERGENCY PLEASE CONTACT

Name Name
Relationship To Student Relationship To Student
Work Phone Work Phone
Home Phone Home Phone
Email Email
Address Address

INSURANCE INFORMATION

Health Insurance *is required* for all programs.

U.S Insurance Company _____
Phone _____
Policy # _____ Policy Holder Name _____

ADD Student Leadership Application Questionnaire

(Please mail back to Peter Herzberg, ADD Student Leadership, 170 E. 87th St. NY NY 10128)

Greetings to all candidates! We are eager to have you answer all these questions as authentically as possible. Feel free to use a separate sheet if necessary, and don't worry too much about writing style. This is not a school application!

Name:

Age:

Address:

Current School and grade:

1) What words would you use to rename the term "ADD" to more accurately describe how it pertains to you?

2) Using your new definition please describe a situation in which you think this condition was an asset to you and a situation when you think it made accomplishing a task more difficult; please explain.

3) What is your attitude and comfort level with nature, being outdoors? (note: a positive response is NOT a prerequisite for attending!)

4) What do you dream about when you think about your future? What goals or visions do you have?

5) What do you want to get out of this retreat? Why are applying?

Parent Questionnaire

1) Are there any physical restrictions your child has that may prevent him/her from participating?

2) Has your son/daughter been involved in any disciplinary situations that we should know about?

3) What do you hope your son or daughter will get out of this program?

4) What are the specific talents that your son or daughter possesses? What are the biggest challenges?

5) Please add anything else you would like.