



Health Form & Medical Release

Name _____
Date Of Birth _____ Age _____ Gender M - F
Address _____
City _____ State _____ Zip _____

Parent/Guardian _____
Home Phone _____ Work Phone _____

If parent or guardian cannot be reached in an emergency, then please notify:

1 - _____ Phone H: _____ W: _____

2 - _____ Phone H: _____ W: _____

HEALTH HISTORY

Any preexisting or present medical conditions? Describe.

Name and dosage of any medications that must be taken.

Any allergies? Allergic to any medications? Describe. _____

- | | | |
|---|---|---|
| <input type="radio"/> Hay Fever | <input type="radio"/> Asthma | <input type="radio"/> Diabetes |
| <input type="radio"/> Insect Stings | <input type="radio"/> Epilepsy/Nervous Disorder | <input type="radio"/> Frequent Stomach Upsets |
| <input type="radio"/> Physical Handicap | <input type="radio"/> Heart Condition | <input type="radio"/> Major Illness Past Year |

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions).

HEALTH HISTORY continued

Date of last tetanus shot: _____

Contact Lenses Swimming restrictions? _____

Activity restrictions? _____

Is the child under any special medical treatment or diet that needs to be continued? Describe.

In case of medical or surgical emergency, I hereby give permission to the physician selected by:

(School/Church/Group)

or his/her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

_____ Date _____

Signature

Home address _____

City _____ State _____ Zip _____

INSURANCE INFORMATION

Insurance Company _____

Insurance Policy # _____

Insurance Certificate # _____

If the situation permits, my first choice of hospital is:

*Please understand that depending upon the serious of the situation, your child may be transported to the nearest hospital.