



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).
