

Home Phone _____

Mother's name _____ Phone: Work _____ Cell _____

Mother's E-mail _____

Father's name _____ Phone: Work _____ Cell _____

Father's E-mail _____

**What Grade is your youth in? _____ What Year is your Youth Graduating from High School _____

**What instruments, Sing, Sports, activities do you play: _____

Emergency and Health Insurance

Emergency contact _____ Relation _____

Phone: Home _____ Work _____ Cell _____

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

Medical History/Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your youth is subject and of which we and medical professionals should be aware, and what, if any action or protection is required on account thereof. If necessary, submit this notification in writing and attach it to this form.

Check the following areas of concern for this youth. If necessary, add another page with details:

1. For your youth's safety and our knowledge, is your youth a

good swimmer fair swimmer non-swimmer

2. Does your youth have allergies to

pollens medications food insect bites

Other: _____

3. Does your youth suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble diabetes

frequently upset stomach physical handicap headaches

4. Date of last tetanus shot: _____

5. Please list and explain any major illnesses your youth experienced during the last year:

6. Names of medications and dosages that must be taken.

7. Should this youth's activities be restricted for any reason? Please explain: & Additional Comments?

(please include any medication/treatment that should NOT be given):