

Girl Adult

Date completed: ____/____/____

Name (last, first, middle initial)		Parent/Guardian			(Area code) Phone		
Address	City/Town	State	Zip Code	Date of Birth	Age	Sex	
In Emergency Notify	Address			(Area Code) Phone			

HEALTH HISTORY: (check those that apply)

Diseases	Allergies	Chronic or Recurring Illness
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps	<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Bites	<input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other <input type="checkbox"/> Medicine/Drugs
		<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Asthma
		<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Other (specify)

Operations or serious injuries _____

Hospitalizations _____

Other diseases/disabilities _____

Comments where applicable:

Fainting _____ Sleep disturbances _____

Bed wetting _____ Menstrual cramps _____

Constipation _____ Nosebleeds _____

Emotional disturbances _____ Other _____

Specific activities to be encouraged _____
 restricted _____

Special medical or dietary regimen to be followed (specify) _____

Can be given Tylenol: yes no

Name of Physician: _____ Phone: _____

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities except as noted by me and/or the examining physician.

(X) _____ (Date) _____
 (Signature of parent or guardian holding legal custody)

EMERGENCY RELEASE STATEMENTS

FOR GIRLS: In an emergency, when the undersigned or other emergency contact person cannot be reached, I give permission for the person in authority to take any emergency measure deemed appropriate. The parent/guardian holding legal custody will be notified as soon as possible.

(X) _____ (Date) _____
 (Signature of parent or guardian holding legal custody)

FOR ADULTS: In an emergency, should it happen that I am incapable or that the person named emergency contact can not be reached promptly, I give my permission for the person in authority to take any emergency measure deemed appropriate. My emergency contact will be notified as soon as possible

(X) _____ (Date) _____
 (Signature of adult filling out this form)

THIS FORM MUST GO WITH THE PERSON NEEDING ANY EMERGENCY TREATMENT.