

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)

<b>Diseases</b>	<b>Allergies</b>	<b>Chronic or Recurring Illness</b>
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Animals	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Measles	<input type="checkbox"/> Food	<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> German Measles	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Mumps	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Asthma
<input type="checkbox"/> Plants	<input type="checkbox"/> Pollen	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Other	<input type="checkbox"/> Medicine/Drugs	<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)** \_\_\_\_\_  
(Signature of parent or guardian holding legal custody) (Date)

**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)** \_\_\_\_\_  
(Signature of parent or guardian holding legal custody) (Date)

**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)** \_\_\_\_\_  
(Signature of adult filling out this form) (Date)

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