

Health Form
For
2010-11 School Year
(August 1, 2010 – July 31, 2011)

Each student attending this youth function must have this form completed by the time of registration.

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Parent(s)/Guardian(s) name(s) _____ PHONE: _____

Are you aware of any physical condition or handicap that could present a problem during the retreat? _____

If so, please explain: _____

List any recent illnesses: _____

Are you presently using any prescribed medication? _____

If so, please list name(s) and purpose for: _____

List allergies, if any: _____

Year of last tetanus shot _____ (You do not need one for this function but emergency care gives one if none has been received in the past 10 years)

Family Insurance: _____

Company: _____ Policy # _____

Name of policy holder: _____

Name of person(s) to call other than parents in case of emergency:

_____ Phone: _____

I authorize the H.A.E.F.C sponsor(s) to administer emergency treatment including, if necessary, hospital emergency room admission, only after first attempting to contact his/her legal parent or guardian.

This health form will be effect for all youth events occurring during the above period. Should there be any changes to the above information, I will notify the youth leaders.

Date _____

Parent/Guardian (if under age 18)

Youth (if over age 18)