

SOUTHWEST CONFERENCE UCC HEALTH FORM: Year 2018

A completed and signed health form must be on file for all youth and adults.

One health form is sufficient for Southwest Conference youth events and camp during the summer and following school year. This form is to be completed by the parent/guardian for youth who are minors or are not legally responsible for themselves.

Name: _____ Date of Birth: _____ Age: _____

Address _____ City: _____ State: _____ Zip: _____

Parent/Guardian/Spouse: _____ Phone: (____) _____

In Emergency Notify: _____ Relationship: _____ Phone: (____) _____

Address _____ City: _____ State: _____ Zip: _____

Insurance and physician information

Insurance company _____ Policy number _____

Address _____ Phone (____) _____

Name coverage is in: _____ Physician _____ Phone (____) _____

Immunizations (mm/yy)

Tetanus	/
Polio	/
DPT	/
MMR	/

Health Concerns (Check all that apply)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Colds	<input type="checkbox"/>	Sinus Condition	<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>	Ear Infection
<input type="checkbox"/>	Cramps	<input type="checkbox"/>	Hyperventilation	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Homesickness	<input type="checkbox"/>	Athlete's Foot	<input type="checkbox"/>	ADHD/ADD

Other: _____

(Please explain any of the "Yes" responses or any other physical or emotional challenges)

Allergies

<input type="checkbox"/>	Hay Fever
<input type="checkbox"/>	Bee sting
<input type="checkbox"/>	Penicillin
<input type="checkbox"/>	Poison Ivy/oak
<input type="checkbox"/>	Sulfa
<input type="checkbox"/>	Food
<input type="checkbox"/>	Drugs
<input type="checkbox"/>	Other

Recent illness or surgery _____ Recent exposure to communicable disease _____

Please explain any restrictions: _____

Current medications

Conference policy requires all participants to turn in ALL medications (including acne medication), clearly marked with name, drug, and dosage, and in its ORIGINAL package or bottle, to the nurse/staff under whose supervision all medications will be administered. If the participant is currently taking any medication, please provide the following information: (Add an additional page if needed)

Medication: _____ Dosage: _____ Times to be taken: _____

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Consent and Emergency Treatment Authorization:

In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency care, I do hereby give my consent for the above youth /adult to receive such emergency treatment as deemed necessary by an attending physician.

TERMS OF ACCEPTANCE and SIGNATURE

I, the [applicant, requestor, etc.] for this medical release form, warrant the truthfulness of the information provided in this application.

Electronic Signature

Name: _____ Date: _____

(Please type your First and Last Name of Parent/Legal Guardian/adult participant)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please note: Over-the-counter or internally-administered medication of any kind (including aspirin and Tylenol/acetaminophen) will not be administered to minors in attendance at events/camp without express permission of the parent/guardian or attending physician. If you so authorize over-the-counter medication, please sign here:

TERMS OF ACCEPTANCE and SIGNATURE

I, the [applicant, requestor, etc.] for this medical release form, warrant the truthfulness of the information provided in this application.

Electronic Signature

Name: _____ Date: _____

(Please type your First and Last Name of Parent/Legal Guardian/adult participant)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.