

YOUTH EMERGENCY MEDICAL INFORMATION

PARTICIPANT'S NAME:

\_\_\_\_\_

HEALTH INFORMATION STATEMENT

Check below any information you feel staff and/or volunteers may need, to maximize the safety and the well being of the participant and others. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate, important information.

[ ] Nervous or Mental (epilepsy, emotional stress, convulsions) \_\_\_\_\_

[ ] Lung Disease (asthma, persistent cough, tuberculosis) \_\_\_\_\_

[ ] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure \_\_\_\_\_

[ ] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) \_\_\_\_\_

[ ] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) \_\_\_\_\_

[ ] Arthritis, Diabetes, Kidney or Bladder Disease \_\_\_\_\_

[ ] Hay Fever or Allergies \_\_\_\_\_

[ ] Allergy to Medicines (including penicillin, tetanus) \_\_\_\_\_

[ ] Impaired Sight or Hearing, Chronic Ear Infections \_\_\_\_\_

[ ] Recent Surgical Operation, Accidents or Injuries \_\_\_\_\_

[ ] Any Infectious Disease \_\_\_\_\_

[ ] Skin Disease \_\_\_\_\_

[ ] Allergy to Foods \_\_\_\_\_

[ ] Currently taking Medicines (list names & doses) \_\_\_\_\_

[ ] Medication that needs refrigeration \_\_\_\_\_

[ ] Under on-going care of a Physician (NAME & PHONE #) for chronic or recurring problem \_\_\_\_\_

[ ] Do you wear glasses? YES[ ] NO[ ] SOMETIMES[ ]

[ ] Do you wear contact lenses? YES[ ] NO[ ] SOMETIMES[ ]

[ ] Date of last TETANUS BOOSTER \_\_\_\_\_

[ ] Date of last FLU SHOT \_\_\_\_\_

[ ] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_(\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ ID/Policy Number: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent or Guardian