YOUTH AND GOVERNMENT: 2017 MEDICAL FORM - STUDENT

Student Information

First: MI: Last:

DOB: / / Sex: ☐ M ☐ F School / Delegation:

Emergency Contact Information

Name: Relationship:

Daytime Phone: ( ) - Evening Phone: ( ) -

Name: Relationship:

Daytime Phone: ( ) - Evening Phone: ( ) -

Name: Relationship:

Daytime Phone: ( ) - Evening Phone: ( ) -

Health History *(Check if you have had any of the following)*

Illnesses: ☐ Diabetes ☐ Convulsions ☐ Heart defect/disease ☐ Ear infections ☐ Blood/clotting disorder

Allergies: ☐ Hay fever ☐ Insect stings ☐ Ivy poisoning ☐ Penicillin ☐ Other drugs:

Diseases: ☐ Asthma ☐ Chicken pox ☐ German measles ☐ Measles ☐ Mumps

List injuries and/or operations and dates (use back of form if necessary):

List any prescription medications and special dispensing needs (use back of form if necessary):

Doctors & Health Insurance

Physician: Phone: ( ) -

Dentist: Phone: ( ) -

Does your family have medical / health insurance? ☐Yes ☐No

Carrier: Policy/Group #:

Parent's / Guardian's Authorization

YAG advisors have my permission to provide the following medication, or their generic equivalent, in accordance with the recommended dosage and intervals of administration, in the event I cannot be reached to administer this medication in a timely manner. Initial each to indicate approval.

_____ Regular Strength Tylenol _____ Benadryl _____ Pepto-Bismol

_____ Aspirin _____ Advil _____ Calamine Lotion

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the acting director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the acting director to hospitalize, secure proper treatment for, and to order injection and or anesthesia and or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility.

_____ _____ / _____ / _____

Signature of Parent/Guardian Date