

Youth Medical History Form

(Please complete one form for each youth attending)

Youth's Name _____ DOB _____ Age ____ M ____ F ____

Name of School _____ Current Grade _____

Parents/Guardian Name _____

Street Address _____ City _____

State _____ Zip _____ Phone (Daytime) _____

Phone (Nighttime) _____

If Parent/Guardian not available for emergency, please notify:

Name _____ Relation to youth _____

Preferred Phone _____ Street Address _____

City _____ State _____

CURRENT YOUTH HEALTH/ALLERGY HISTORY (check, if applicable)

Ear Infection ____ Hay Fever ____ Chicken Pox ____ Poison Ivy ____

Heart defect/disease ____ Measles ____ Convulsions ____ Diabetes ____

German measles ____ Insect Sting ____ Penicillin ____ Mumps ____

Carry Sting Kit ____ Asthma ____ Inhaler ____ Bleeding disorder ____

Other (place explain) _____

Date of last Tetanus shot? _____

Surgery/Serious Injuries (Dates) _____

Chronic/Recurring Illness _____

Name of Family Physician _____ Phone _____

Do you carry Family Medical/Hospital Insurance? Yes ____ No ____

If yes: Name of Carrier _____ Policy # _____

Address of Carrier _____

****IMPORTANT****

PLEASE NOTIFY CNEEC IF THIS CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO CAMP!

Activities to be encouraged: _____

Restricted Activities: _____

Parents Authorization

- I agree that my child's photo may be used by Crow's Neck for future promotional publications: Yes ____ No ____

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 and the examining physician. I hereby give permission to the physician selected by the Executive 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 Executive Director to hospitalize, secure proper treatment for and order injection, and or anesthesia, and or surgery for my child as named above.

Signature _____ Date _____