PARTICIPANT HEALTH FORM

(Please attach a copy of your insurance card.)

Name: _____
Last First Middle
Permanent Address: _____
_____
Home Phone: _____ Cell Phone_____
Mother/Guardian: _____ Daytime Phone: _____ Eve. Phone _____
Father/Guardian: _____ Daytime Phone: _____ Eve. Phone _____
If my parent is not available in an emergency, notify:
_____ Phone: _____ Phone: _____
_____ Phone: _____ Phone: _____

Health History: (Check - giving approximate dates)
Diseases/Illnesses:

Asthma _____
Bleeding Disorder _____
Cancer _____
Chicken Pox _____
Diabetes _____
Ear Infections _____
Eating Disorders _____
German Measles _____
Heart Problems _____
High Blood Pressure _____
Hypoglycemia _____
Knee Problems _____
Kidney Problems _____
Measles _____
Mono _____
Mumps _____
Recurring Strep Inf. _____
Respiratory Problems _____

Allergies:
Hay Fever _____
Insect Stings _____
Ivy Poisoning _____
Other _____

Drug Allergies: (List any medication you are allergic to)
_____
_____
_____
_____

Have you been out of the USA in the past 9 months? _____ If so, where? _____

Immunizations:
Tetanus – Date of Last Tetanus: _____ **(Obtain Tetanus if you are not current)**

Please list current medications: _____
_____
Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? _____ If yes, please explain: _____
List any previous surgeries or injuries (Give Dates): _____
_____
Any illness occurring within the last 5 years that caused you to miss school or work for mare than 3 days:
_____
I am covered under my parents' Medical Insurance Plan: ___Yes ___ No
If so, name of Insurance Company: _____
I have Medical Insurance of my own: ___Yes ___ No
If so, name of Insurance Company: _____
Insurance Policy #: _____ Insurance Policy Phone #: _____

Consent for Treatment

I hereby give permission to the physician selected by the RtR Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself. (Guardian signature required if under 18 years of age).

Signature: _____ Date: _____