

SOUTHWEST CONFERENCE UCC HEALTH FORM: Year '07-'08

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 entire school year and following summer. This form is to be completed by the parent/guardian for youth who are minors or a not legally responsible for themselves. **Please type or print.**

Name _____ Social Security Number _____
 Height _____ Weight _____
 In case of emergency, notify _____ Relationship _____
 Home phone () _____ Other phone () _____

Insurance and physician information

Insurance company _____ Policy number _____
 Address _____ Phone _____
 Name coverage is in: _____ Primary insured SSN _____
 Physician _____ Phone () _____

Immunizations (please give month/year) Tetanus _____ / _____ Polio _____ / _____ DPT _____ / _____ MMR _____ / _____

Allergies (Please check yes or no)

Hay fever Yes No Penicillin Yes No Sulfa Yes No Other drugs Yes No
 Bee sting Yes No Poison ivy/oak Yes No Food Yes No Other _____

Health concerns (Please check yes or no)

Asthma Yes No Bed wetting Yes No Sleep walking Yes No Depression Yes No
 Colds Yes No Sinus condition Yes No Sore throat Yes No Ear infection Yes No
 Cramps Yes No Hyperventilation Yes No Convulsions Yes No Heart disease Yes No
 Diabetes Yes No Homesickness Yes No Athlete's Yes No ADHD/ADD Yes No

No foot Yes No

Other: _____

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

Recent illness or surgery _____ Recent exposure to communicable disease _____

Please explain any restrictions _____

Vegetarian Yes No _____ Special dietary needs: _____

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:

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

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.

Signature of parent/guardian/adult participant _____ Date _____

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:

Signature of Parent/guardian _____ Date _____