



**Health/Medical Form**

Date of Event: \_\_\_\_\_

Name of Participating Group: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex:  Male  Female

Custodial Parent/Guardian (or Spouse): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers:

Home: ( )	Work: ( )	Cell: ( )
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Emergency Contact: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers:

Home: ( )	Work: ( )	Cell: ( )
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Yes	No	Health Conditions	Yes	No	Allergies	List Specifics
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Insect Stings	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Foods	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Medications	
<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen	
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Do any allergies require an EPIPEN injection?	
<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, light-headedness or fainting associated with exercise within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is insulin required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	Any unexplained, rapid or irregular heart beat within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is an inhaler required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	A physician has sometime denied or restricted participation in sports due to a heart problem.	Other: (Please specify)			
<input type="checkbox"/>	<input type="checkbox"/>	Any broken bones or fractures within the past year?	Additional Comments:			