

**Health Form**  
**For**  
**2011-12 School Year**  
**(August 1, 2010 – July 31, 2011)**

Each student attending this youth function must have this form completed by the time of registration.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Student's phone (Home): \_\_\_\_\_ and/or (Cell): \_\_\_\_\_

Student's E-mail: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Parent(s)/Guardian(s) name(s) \_\_\_\_\_ PHONE: \_\_\_\_\_

Are you aware of any physical condition or handicap that could present a problem during the retreat? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

List any recent illnesses: \_\_\_\_\_

Are you presently using any prescribed medication? \_\_\_\_\_

If so, please list name(s) and purpose for: \_\_\_\_\_

List allergies, if any: \_\_\_\_\_

Year of last tetanus shot \_\_\_\_\_ (You do not need one for this function but emergency care gives one if none has been received in the past 10 years)

Family Insurance: \_\_\_\_\_

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Name of person(s) to call other than parents in case of emergency:

\_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the H.A.E.F.C sponsor(s) to administer emergency treatment including, if necessary, hospital emergency room admission, only after first attempting to contact his/her legal parent or guardian.

This health form will be effect for all youth events occurring during the above period. Should there be any changes to the above information, I will notify the youth leaders.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (if under age 18)

\_\_\_\_\_  
Youth (if over age 18)