



Personal Health and Medical History

(Standard form to be filled out annually by all participants)

This record is required annually for all participants. Includes any event that does not exceed seventy-two consecutive hours, where the level of activity is similar to that normally expended at home or at school, and where medical care is readily available. Medical information required, is a current health history signed by parents or guardian. This form is filled out by participants and kept on file for easy reference.

PERSONAL INFORMATION

Name _____ Date of Birth _____ Age _____ M F
 School _____
 Name of Parent or Guardian _____ Telephone _____
 Home Address _____ City _____ Prov _____ Postal Code _____

If the person above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____
 Name of personal physician _____ Telephone _____

Check items that apply, past or present, to your health history. Explain any "Yes" answers

ALLERGIES: Food, medicines, insects, plants: Yes () No ()

If yes explain: _____

GENERAL INFORMATION

	Yes/No		Yes/No		Yes/No
Asthma	() ()	Diabetes	() ()	High blood pressure	() ()
Cancer/leukemia	() ()	Heart Trouble	() ()	Kidney disease	() ()
Convulsions/seizures	() ()	Hemophilia	() ()		

If yes for any please explain _____

List any medications taken _____

List any physical or behavioral conditions that affect or limit full participation _____

List any equipment needed such as wheelchair, contacts, etc.: _____

IMMUNIZATIONS: (give date of last inoculation or booster if you can) _____

Date _____ Signature of parent/guardian _____