

HEALTH INFORMATION SHEET - MARYLAND YOUTH EVENTS PLEASE PRINT

Name _____ Address _____
City _____ State _____ Zip _____ Age _____
Birth Date _____
Grange _____ # _____ County _____

In Case of Emergency, notify:

Name _____ Address _____
City _____ State _____ Zip _____ Day Phone _____
Night Phone _____ Relationship To Patient _____
Family Physician _____

Other Instructions _____

HEALTH HISTORY (Please use bottom of sheet if more space is needed)

Have or subject to: (check if Yes)

_____ Asthma _____ Fainting Spells _____ Heart Trouble _____ Convulsions
_____ Diabetes _____ Allergic or reactions to any medication, food, etc.
_____ Hyperactive _____ Other specify _____

Describe _____

Check Here _____ if none of the above applies. Last Tetanus Shot _____

Have Difficulty With: (Check if Yes)

_____ Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion

Is there a swimming or sport restriction? _____

Is there any restriction of any activity for medical reasons? _____

Explain _____

Is there any condition now requiring medication? _____

Name of Medication _____ Brought to the event _____

PARENT/GUARDIAN AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and or the physician. In the event I cannot be reached in case of an emergency, I hereby give permission to the physician, selected by the adult leader in charge to hospitalize, secure proper anesthesia, or order injection or surgery for this youth.

Signature of Parent or Guardian _____ Date _____

Use this space for further information from the top of this sheet: (Please complete reverse side)