

## Regional Youth Conference Health Information Sheet

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grange: \_\_\_\_\_ # \_\_\_\_\_ County: \_\_\_\_\_

**In case of an 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  
\_\_\_\_\_ Hyperactive \_\_\_\_\_ Diabetes \_\_\_\_\_ Allergic Reaction to any medications, food, etc.  
Other specify \_\_\_\_\_ Describe \_\_\_\_\_

Have difficulty with: (Check if yes)

\_\_\_\_\_ eyes \_\_\_\_\_ ears \_\_\_\_\_ nose \_\_\_\_\_ throat \_\_\_\_\_ lungs \_\_\_\_\_ digestion

Is there a swimming or sports restriction?

Is there any restriction of activity for medical reasons? Explain

Is there any condition now requiring medication?

Name of medication \_\_\_\_\_ Brought to 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 described activities, except as noted by me or the physician. In the event I cannot be reached in the case of emergency, I hereby give permission to the physician, selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection, or surgery for this Youth.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

Use this space for further information from the top pf this sheet.