

# SOUTHWEST CONFERENCE UCC HEALTH FORM: Year 2010

**A completed and signed health form must be on file for all youth and adults.**

One health form is sufficient for Southwest Conference youth events and camp during the entire school year and following summer. This form is to be completed by the parent/guardian for youth who are minors or are not legally responsible for themselves. **Please type or print.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ Other phone ( ) \_\_\_\_\_

## Insurance and physician information

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name coverage is in: \_\_\_\_\_ Primary insured SSN \_\_\_\_\_  
Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Immunizations** (please give month/year) Tetanus \_\_\_\_ / \_\_\_\_ Polio \_\_\_\_ / \_\_\_\_ DPT \_\_\_\_ / \_\_\_\_ MMR \_\_\_\_ / \_\_\_\_

## Allergies (Please check yes or no)

Hay fever  Yes  No Penicillin  Yes  No Sulfa  Yes  No Other drugs  Yes  No  
Bee sting  Yes  No Poison ivy/oak  Yes  No Food  Yes  No Other \_\_\_\_\_

## Health concerns (Please check yes or no)

Asthma  Yes  No Bed wetting  Yes  No Sleep walking  Yes  No Depression  Yes  No  
Colds  Yes  No Sinus condition  Yes  No Sore throat  Yes  No Ear infection  Yes  No  
Cramps  Yes  No Hyperventilation  Yes  No Convulsions  Yes  No Heart disease  Yes  No  
Diabetes  Yes  No Homesickness  Yes  No Athlete's foot  Yes  No ADHD/ADD  Yes  No  
Other: \_\_\_\_\_

Please explain any of the "Yes" responses or any other physical or emotional challenges \_\_\_\_\_

Recent illness or surgery \_\_\_\_\_ Recent exposure to communicable disease \_\_\_\_\_

Please explain any restrictions \_\_\_\_\_  
Vegetarian  Yes  No Special dietary needs: \_\_\_\_\_

## Current medications

Conference policy requires all participants to turn in **ALL medications (including acne medication)**, clearly marked with name, drug, and dosage, and in its **ORIGINAL** package or bottle, to the nurse/staff under whose supervision all medications will be administered. If the participant is currently taking any medication, please provide the following information:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times to be taken \_\_\_\_\_  
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## Consent and Emergency Treatment Authorization:

In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency care, I do hereby give my consent for the above youth /adult to receive such emergency treatment as deemed necessary by an attending physician.

Signature of parent/guardian/adult participant \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** Over-the-counter or internally-administered medication of any kind (including aspirin and Tylenol/acetaminophen) will not be administered to minors in attendance at events/camp without express permission of the parent/guardian or attending physician. If you so authorize over-the-counter medication, please sign here:

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_