

# 2008 Northeast Regional Youth Conference

## Health Information Sheet (please print)

### Participant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grange Name and Number: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 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 back of this 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? \_\_\_\_\_

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:** \_\_\_\_\_