Health History/Emergency Contact Form

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Date: _____

Name: _____

Date of Birth: _____/_____/_____ Sex: M F School: _____

Name of parent/guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone:_____

Mother's Place of Employment: _____Work Phone: _____

Employment Address: _____

Father's Place of Employment: _____Work Phone: _____

Employment Address: _____

If parent or guardian listed above cannot be reached in the event of an emergency, notify:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Insurance Coverage: _____

Policy # _____

Preferred Hospital: _____

ALLERGIES: food, medicine, insects, plants, other _____ Yes _____ No

Explain: _____

_____

_____

MEDICATIONS:

List any medications prescribed by a physician that are to be taken on a regular basis:

_____

_____

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GENERAL HEALTH INFORMATION:

Please circle the answer that best describes your medical history

Asthma	Yes	No	Hearing Impairment	Yes	No
Cancer/Leukemia	Yes	No	Heart Disease	Yes	No
Contacts/Glasses	Yes	No	Hemophilia	Yes	No
Convulsions/Seizures	Yes	No	High Blood Pressure	Yes	No
Diabetes	Yes	No	Kidney Disease	Yes	No
Emotional Disturbances	Yes	No	Menstrual Cramps	Yes	No
Ear Infections	Yes	No	Motion Sickness	Yes	No
Fainting	Yes	No	Nose Bleeds	Yes	No

Explain any "Yes" answers:

_____

_____

_____

IMMUNIZATIONS (not necessary for participation – for informational purposes only):

	Year the primary series was completed	Year of last booster
DPT	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Oral Polio	_____	_____
Tetanus Shot	_____	_____
Tuberculin Test	Type: _____ Year last given:_____	Result: _____

DATE OF LAST PHYSICAL EXAMINATION: _____

I know of no health reason(s) other than the information indicated on this form why my child should not participate in Frontier Girls activities.

Parent/Guardian Signature: _____ Date: _____