

## Personal Health Form

Event for which the following information is requested: Grand Session Ocean City

Date of Activity: Thursday, May 10, 2012- Sunday, May 13, 2012

**Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_

(if different from above)

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

(if different from above)

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

If Parents/Guardians are not available, in an emergency Please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

Relationship to Daughter: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your daughter suffer from any physical or emotional disorders that may prevent her from participating in any activity?

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list and give type of reaction, treatment, etc.

\_\_\_\_\_

\_\_\_\_\_

Has your daughter menstruated?  If not, has she been told about it? \_\_\_\_\_

Please list any chronic conditions or recent illnesses, which the Grand Guardian Council should be aware of?

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Please specify details of medication or treatment for the above: \_\_\_\_\_

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Date of last tetanus shot: \_\_\_\_\_

Does your daughter require corrective lenses?  Contact lenses?

### **Permission to Administer Medications**

I give permission for my daughter \_\_\_\_\_ to receive the following medications as needed. I understand that these medications would be administered by a chaperone who may or may not have a medical background.

(Please check all that apply)

Acetaminophen (like Tylenol)  Ibuprofen (like Motrin/Advil)

Antihistamine/allergy medication (like Benadryl)  Antacid tablets (like TUMS)

Parent/Guardian Signature: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work/cell \_\_\_\_\_

We the undersigned parents/guardians of \_\_\_\_\_ do hereby authorize the chaperones to exercise supervision of our daughter during the time that she is participating in the All Daughter Leadership Weekend. We hereby release said chaperones from any liability caused by our daughter's participation in the event.

Furthermore we authorize the chaperones to obtain for our daughter whatever emergency medical aid might be necessary as a result of injuries received during said activity and we agree to pay all costs of same. We further agree to reimburse said chaperones any monies advanced by them for such purposes and to further indemnify and save said chaperones harmless from any and all claims for medical bills or medical expenses arising from such medical aid so rendered to or for said daughter.

Mother/or Legal Guardian: \_\_\_\_\_

Father/or Legal Guardian: \_\_\_\_\_