

Personal Health Form

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

Date of Activity: Thursday, May 6, 2010 – May 9, 2010

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? _____

Please specify details of medication or treatment for the above: _____

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 Grand Session. 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: _____