

Boys Respect Club

Personal Health History

To be filled out and signed by a parent or legal guardian.

Participant's Name: _____
Sex: _____ Male / Female _____ Date of Birth: _____ Age: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____ Home phone: _____
Parent or Guardian's Name: _____ Daytime phone: _____
Email address: _____
If Parent/Guardian can not be reached in an emergency, please notify:
_____ Relationship to youth: _____ Phone: _____
Doctor's Name: _____ Phone: _____
Health/Accident Insurance: _____ Policy #: _____

1. Does your child have any allergies to foods, medications, insects, plants, etc.? If yes, how serious are they and is medication used to treat the allergic reactions?

2. Does your child have any conditions that might require special care? (e.g. ADHD, Asthma, Diabetes, Epilepsy, etc.) Please explain.

3. Does your child take any medications? If yes, what are they, what are they for, and what are the dosages? Please tell us what time of day they need to be given.

4. Does your child have any physical or emotional limitations that may affect participation in physical activities such as hiking, climbing, swimming, or strenuous games? This could include disabilities, recent injuries, balance problems, etc.

5. Does your child use glasses, contact lenses, or any other physical aid or support?

6. Please give the dates of the most recent inoculations for the following diseases:
Tetanus _____ Diphtheria _____ Pertussis _____ Measles _____
Mumps _____ Rubella _____ Polio _____ Chicken Pox _____

Parent Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Parent/Guardian Signature: _____ Date: _____