



ROTARY YOUTH LEADERSHIP CAMP
HEALTH & MEDICAL RECORD

Please fill out completely. Take this form along with the Physical Form to your Physician for the examination. All participants, regardless of age, must have a completed Health and Physical Form in order to attend camp.

Any comparable medical form completed within the past year is also satisfactory.

Student Name _____ Age _____

Address _____ Sponsoring Rotary Club _____

In Case of Emergency, notify. Parent Guardian Other Notifying information below:

Name _____ Home phone _____ Bus. Phone _____

Address _____ Cell Phone _____

Other instructions to notify: _____

Parent's Health Insurance:

Company _____ Policy # _____

Address _____ City/State _____ Zip _____

Please check if you have ever had or are subject to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Reactions | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Other Chronic Conditions |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart Trouble | (explain below) |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Eye, Ear, Nose or Throat Problems | |
| <input type="checkbox"/> Allergies (All types) | <input type="checkbox"/> Menstrual Problems | |

Please describe (may use back of form if needed) _____

Do you have any condition now requiring medication? Yes No

If yes, explain _____

Do you have any activity restrictions for medical reasons? Yes No

If yes, explain _____

Date of last inoculation: Tetanus _____ Polio _____ Measles _____

Parent Authorization:

This Health History is correct as far as I know and the person herein described has my permission to engage in all activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son or daughter. I also authorize a Camp Rotary approved adult to dispense non-prescription drugs (aspirin, aspirin substitute or antihistamines) to my son or daughter if such dispensation is reasonable at the discretion of such adult.

Signature _____ Date _____

Parent or Guardian