

Health History and Parent Consent Form

Name: _____ Program/Activity: _____

Height: _____ Weight: _____ Date of Birth: _____

Do you have medical insurance? Yes No
 If yes, who is the provider? _____

Do you have any limiting physical or health disabilities (whether temporary or permanent) that you or your doctor feel would limit your safe participation in the named program/activity? Yes No

Do you have any chronic or recurring injuries? Yes No

Are you pregnant? Yes No Have you had a kidney transplant? Yes No

Current Health Status:

Using the health checklist, please indicate if you have any physical disabilities or conditions that would limit your participation in the program. If you are unsure, please explain the program to your physician and ask for his/her advice. If you check yes to any of these, please give details including any restrictions you may have _____

Current Physical Condition: Please check the highest activity level in each category that you feel you can comfortably attain.

Walking	<input type="checkbox"/> 2 miles in 40 minutes	<input type="checkbox"/> 4 miles in 80 minutes
	<input type="checkbox"/> 6 miles in 120 minutes	<input type="checkbox"/> Unsure
Jogging	<input type="checkbox"/> 1 mile in 12 minutes	<input type="checkbox"/> 3 miles in 36 minutes
	<input type="checkbox"/> 5 miles in 60 minutes	<input type="checkbox"/> Unsure
Cycling	<input type="checkbox"/> 5 miles in 30 minutes	<input type="checkbox"/> 10 miles in 60 minutes
	<input type="checkbox"/> 20 miles in 120 minutes	<input type="checkbox"/> Unsure

Swimming Ability:
<input type="checkbox"/> non-swimmer
<input type="checkbox"/> poor
<input type="checkbox"/> fair
<input type="checkbox"/> good
<input type="checkbox"/> very good

Current Exercise Activity: List any physical activities you engage in, their frequency, duration, and level of intensity.

Activity	Times/Week	Approximate time/distance	Low	Moderate	High

Allergies: Indicate any allergies (including medications), your reaction, and treatment.

Allergy	Reaction	Treatment

Medications: What are you currently taking, for what, and will you need it during the named program? If you need it, make sure you have ample supply for the program.

Medication	Condition	Need during program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Health Checklist:	
Please check the following physical disabilities or conditions you have that may limit your participation.	
<i>Condition</i>	<input type="checkbox"/>
Hearing or vision problems	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>
Back problems	<input type="checkbox"/>
Joint problems	<input type="checkbox"/>
Recent serious illness	<input type="checkbox"/>
Recent surgery	<input type="checkbox"/>
Recent hospitalizations	<input type="checkbox"/>
Serious reaction to high or low temperatures	<input type="checkbox"/>
Frequent muscle cramps	<input type="checkbox"/>
High or low blood sugar	<input type="checkbox"/>
Seizure disorders	<input type="checkbox"/>
Reactions to altitude	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Other:	

I hereby give permission for _____, to participate in the (event) _____
on _____ (day), _____ (month), _____ (year).

In case of an injury, I grant permission for _____ to receive medical attention deemed
necessary, by qualified medical personnel, during the entire time that he or she (listed within) is participating in
_____ (event).

PARENT/GUARDIAN: Every reasonable precaution will be to take to provide safety and care for your son/daughter.
Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you can
be contacted, permission is granted to the staff to seek medical attention. All financial responsibility for hospitalization
and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

Signature of Parent/Guardian (if student is under the age of 18) _____ Date _____

Emergency Contact Information:

Person to notify in case of emergency: _____ Home phone: _____

Relationship: _____ Address: _____ Other phone: _____