

Updated Personal Health History Form

Name of Participant: _____ **Home Phone:** _____

(Required): Height _____ **Weight** _____

Have there been any changes in your child's medical condition since you completed the health history form for trip to Washington, DC? If so, please describe:

Are you allergic to any foods, medications, or other allergies? _____

Is your child taking any medication now? If so, please state name and condition it is treating.

If your child is bringing any medication on the trip, please indicate the dosage and time for the medication to be dispensed: _____

Will your child need assistance with medication? _____

Does medication require refrigeration? _____

Overall Condition of Health: _____ Is your child able to participate in a strenuous program? _____

I hereby certify that to the best of my knowledge, the above Personal Health History is complete in all its details. S/A/R and its representatives or agents have neither the responsibility nor liability arising out of any condition not noted above. If any emergency occurs and neither I nor my child's doctor can be reached, I authorize the physician selected by S/A/R to hospitalize, anesthetize and secure proper treatment for my child as necessary. Any medical treatment which may be necessary during this program will be at my expense and the above insurance policy will be presented to physicians or hospital as needed.

Signature of Parent or Guardian _____ **Date:** ___ / ___ / ___

This signature also gives permission for your child to participate on the Ottawa Trip.