

HEALTH HISTORY FORM

Child's Name _____
last first middle initial

Home Address _____

City or Town _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Sex _____

School _____ City _____ State _____

HEALTH HISTORY-Illnesses and Injuries (check those that apply)

All enrolled youth must be current on all immunizations, unless they provide a written statement from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunization for religious reasons.

The State of Maryland requires the date of Tetanus (DTaP), please write the year or month/year. _____

Please furnish a record of immunization for the all shots, if participant is not currently enrolled in a Maryland school (public or private).

I have attached the appropriate documentation. _____ (initial)

My child has an I.E.P. and/or receives special services during the school day. Yes _____ No _____

Check any that apply: _____ Good general health
_____ Allergy, food or other
_____ Asthma
_____ Diabetes
_____ Other health condition

Explain (use another sheet of paper if necessary.) _____

Please list any medications taken by your child within the last 30 days _____

Please list any helpful information for our staff to use while working with your child(ren) _____

PARENT/LEGAL GUARDIAN INFORMATION

Mother/Guradian's Name _____

Day Phone _____ Evening Phone _____

Father/Guardian's Name _____

Day Phone _____ Evening Phone _____

Physician's Name _____ Phone Numbers _____

In case of emergency and parent/guardian cannot be reached, contact:

1. Name _____ Day Phone _____ Eve Phone _____

2. Name _____ Day Phone _____ Eve Phone _____

The information above is true and I know of no reason(s) why my child should not fully participate in any of the activities.

Signature of Parent or Legal Guardian

Date