

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.

Please furnish a record of immunization for the above 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