

**PERSONAL HEALTH AND MEDICAL HISTORY**  
**To be filled out by parent, guardian, or adult participant annually.**

Please print in ink.

**PARTICIPANT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**In the event of an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Personal health/accident insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**ALLERGIES:** Food, medicines, insects, plants: Yes [ ] No [ ] Explain: \_\_\_\_\_

<b>GENERAL INFORMATION:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
ADHD (Attention-Deficit Hyperactivity Disorder	[ ]	[ ]	Convulsions/seizures	[ ]	[ ]	Hemophilia	[ ]	[ ]
High Blood pressure	[ ]	[ ]	Diabetes	[ ]	[ ]	Asthma	[ ]	[ ]
Cancer/leukemia	[ ]	[ ]	Heart trouble	[ ]	[ ]	Kidney disease	[ ]	[ ]

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days prior to arrival at this ACLO activity where this form is to be used: \_\_\_\_\_  
\_\_\_\_\_

List medications to be taken during the course of this ACLO activity: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Limitations**

Activity restrictions \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact those listed above. In the event they cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult). I further understand that ACLO does not warrant or guarantee that it will pursue any given course of action, and that it has no responsibility to provide or arrange for emergency care.

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_