

# Medical Information (Adults and Minors)

Name of Participant: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Claim Office Telephone Number: \_\_\_\_\_

Claim Office Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

## SPECIAL MEDICAL CONDITIONS such as Diabetes, Allergic Reactions,

Medications Currently using: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

### Please check all that apply:

- overall good health
- chronic/recurring illness
- current infectious disease
- allergies (drug, food, insect)
- recent injuries
- cognitive/emotional conditions
- behavioral conditions
- health or physical conditions that make participation risky or difficult (E.g. orthopedic problems, back or neck injury, hearing or vision limitations)
- diabetes
- asthma
- high Blood Pressure
- respiratory Problems
- recent surgeries
- other: \_\_\_\_\_

Explanation of conditions checked above:

\_\_\_\_\_

**Immunizations:** Tetanus: \_\_\_\_\_ (year)

*Note: Tetanus may be listed as DT or DTP on immunization record*

Hepatitis B: \_\_\_\_\_ (not necessary for domestic trips)

Prescription medications: \_\_\_\_\_

Over-the-counter medications: \_\_\_\_\_

**HIPPA** regulations require us to have your permission before disclosing any health information you give us. If we feel that any of the physical/cognitive/ behavioral conditions you indicated on this form would be good for any team leader to know to help your child have a good week, may we disclose that information to them?  Yes  No

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**