



## Youth Emergency/Medical Information Form

**Youth Information:**

Youth Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Home Address: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County of Residence: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact Information:**

*Parent/Guardian with legal custody to be contacted in case of illness or injury:*

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

*Second Parent/Guardian or other Emergency Contact:*

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Medications: All prescription medicine must be in original containers.** Medications need to be followed as instructed on the bottle, if there is a change, please attach a physician note.

Name of Medication	Dosage	Times Given	Reason	Prescribing Physician

**Medications will only be dealt with if medically necessary as part of a prescribed regime that occurs during Power House Event hours.**

Name, Last, First, Initial \_\_\_\_\_

Year, Month, Day \_\_\_\_\_

**Health History:**

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Is the youth allergic to?**

Bee Stings  Yes  No Penicillin  Yes  No Food (gluten, nuts, etc...)  Yes  No  
Dairy  Yes  No Poison Ivy/Oak  Yes  No Other  Yes  No

**Is the youth subject to?**

Frequent Colds  Yes  No Sinus Trouble  Yes  No Kidney Trouble  Yes  No  
Convulsions  Yes  No Sleep Walking  Yes  No Frequent Sore Throats  Yes  No  
Upset Stomach  Yes  No Constipation  Yes  No Bed Wetting  Yes  No  
Ear Trouble  Yes  No Fainting  Yes  No Other  Yes  No

**Has the youth had?**

Tuberculosis  Yes  No Athletes Foot  Yes  No Seasonal Allergies  Yes  No  
Heart Trouble  Yes  No ADD/ADHD  Yes  No Hernia (Rupture)  Yes  No  
Chicken Pox  Yes  No Bronchitis  Yes  No Rheumatic Fever  Yes  No  
Diabetes  Yes  No Asthma  Yes  No Eating Disorder  Yes  No

If you answered 'yes' to any of the above questions, please explain in the space below (an additional sheet may be attached for more room):

Has the youth had any operations or serious injuries? Yes  No  If 'yes', please comment:

Are there any restrictions of activity for medical reasons?  Yes  No If 'yes', please comment:

Are there any additional details or information regarding the youth's health that either the youth center staff or an attending doctor should know?

**Special Needs: If your child has any physical, emotional, behavioral, or cognitive special needs you must contact the Executive Director ASAP to discuss necessary arrangements.**

**PARENT/GUARDIAN AUTHORIZATION:**

This health history is correct and accurately reflects the health status of the youth to which it pertains. The youth described has permission to participate in all center activities except as noted by me on this form. I understand that the information on this form will be shared on a "need-to-know" basis with staff. I give permission to photocopy this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

This form must be completed prior to the youth attending Power House or Power House events. Failure to properly complete and submit this form may result in the non-acceptance of the child/youth into the Power House Center. This form should be returned via USPS mail or scanned and emailed with signatures. **Please remember to include a copy of your insurance card. Do not fax!**

Power House shall not be held responsible for medical expenses incurred by youth through accident or illness before, during, or after enrollment in the PH Center. Complete insurance information must be provided by the guardian.