



"Bridging the gaps in the community"

Health History & Treatment Consent Form

Personal Information	Student's Name		Birth date
	Home Address		Grade
	City	Zip	Phone #

School Name and Address:

Emergency Notification	Parent/Guardian Name		Relationship
	Address		City
	Home Phone #	Cell Phone #	

Health History					
<input type="checkbox"/>	Frequent Sore Throats	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Convulsions / Seizures
<input type="checkbox"/>	Frequent Ear Infections	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Asthma / Lung Problems
<input type="checkbox"/>	Heart Defects / Disease	<input type="checkbox"/>	Stomach Problems	<input type="checkbox"/>	Bleeding / Clotting
<input type="checkbox"/>	Sickle Cell Disease	<input type="checkbox"/>	Kidney Problems	<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	False / Capped Teeth	<input type="checkbox"/>	Bed-wetter
<input type="checkbox"/>	Glasses / Contacts	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Other
Explain "YES" Answer details					

Allergies	Please describe type of reactions and give medication names.	
Current Medications		
Date of last Tetanus Immunization / Booster	Permission to administer (Y/N)	
Physical/Dietary Restrictions or Abnormalities		

Family Doctor name	Emergency Phone #
Insurance Information for Accidents	Insured / Employee name
	Insurance Company
	Policy #
	Treatment Requires call to Primary Care Physician? (Y/N)

Authorization to Treat	This health history is correct to the best of my knowledge. My child has permission to engage in all activities, except as noted by me under Restrictions. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician on duty, to hospitalize, administer anesthesia, and medications as required, or perform surgery for my child. I also give permission for an HOF adult volunteer to administer first aid for my child.
Restrictions	

Signature X _____ Relationship _____ Date _____
 Student (18 or older) or Parent