

ROTARY YOUTH LEADERSHIP AWARDS CAMP HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

This information on this form will be kept confidential and will only be used by medical personnel.

Student's Last Name _____ First _____ DOB _____ Sex _____
 Street Address _____ City _____ Zip _____
 Insurance Company _____ Policy Number _____
 In case of emergency notify _____ Phone _____
 Relationship to Participant: Parent __ Guardian: __ Other (specify) _____
 Family Physician or Clinic _____ Phone _____
 Date of Last Tetanus Shot _____

Please answer the following questions, and explain each "YES" response below:

| | Yes | No |
|--|-------|-------|
| 1. Respiratory problems (asthma, persistent cough, TB, etc.). | _____ | _____ |
| 2. Heart disease (high blood pressure, heart murmur, chest pain etc.). | _____ | _____ |
| 3. Stomach or intestinal problems (ulcers, jaundice, hernia, etc.). | _____ | _____ |
| 4. Kidney, gall bladder or liver disease. | _____ | _____ |
| 5. Diabetes or Hypoglycemia (low blood sugar). | _____ | _____ |
| 6. Muscular/skeletal problems (arthritis, hernia, recent fracture, etc.). | _____ | _____ |
| 7. Eye, ear, nose or throat problems (hay fever, impaired sight or hearing). | _____ | _____ |
| 8. Nervous disorders (convulsions, epilepsy, dizziness, etc.). | _____ | _____ |
| 9. Skin diseases. | _____ | _____ |
| 10. Emotional or mental disorders (frequent anxiety, excessive fear, etc.). | _____ | _____ |
| 11. Surgical Operations, Accidents, Injuries in last 3 years. | _____ | _____ |
| 12. Recent exposure to contagious disease. | _____ | _____ |
| 13. Allergies. | _____ | _____ |
| 14. Are you currently under a doctor's care? | _____ | _____ |
| 15. Are you currently taking any medication? List below. | _____ | _____ |
| 16. Do you have any special dietary needs? | _____ | _____ |
| 17. Do you have any limiting physical or emotional conditions? | _____ | _____ |
| Explanations (Use reverse side if necessary) | | |

I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards Camp (RYLA) to be held on the dates listed on the Application form. I further declare that he/she has no physical, emotional, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, Maui Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

If a medical emergency arises while my child is participating in the RYLA program, I give my permission for medical personnel to perform whatever health service or treatment is necessary for our child's health.

Parent/Guardian Signature _____ Print Name _____

Date _____ Phone number(s) _____