



Advanced Training >

August 15-17, 2014

Health Questionnaire & Medical Release Form
(To be filled out by parent/guardian and returned)

Student Name: _____

Street Address: _____

City, State, Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Name of Family Physician: _____ Phone: _____

Family medical/hospital insurance carrier: _____

Policy/Group No.: _____

In case of Emergency:

Contact Name: _____

Relationship: _____ Phone Number: _____

1. Is the student currently under medical care?

- No
- Yes (please explain) _____

2. Please list any medications and dosages the student will be bringing with him/her.

3. Is the student allergic to any medications?

- No
- Yes (please list) _____

4. Please check any illnesses/injuries that apply.

Ear infection

- Heart Defect/Disease
- Bleeding/Clotting Disorders
- Diabetes
- Other (Please specify): _____

- Asthma
- Seizures
- Muscle/Bone Disorders
- High Blood Pressure

5. Please check any allergies that apply and describe reaction.

- Animals _____
- Pollen _____
- Medicines/drugs _____
- Plants _____
- Other (Please specify): _____

- Hay Fever _____
- Insect Stings _____
- Food _____

6. Please check any other health conditions that apply.

- Motion Sickness
- Sleep disturbances
- Wears glasses/contact lenses
- Other (Please specify): _____

- Nosebleeds
- Hearing Impairment

Date of last tetanus shot: _____

7. Please provide any information that would be helpful for the supervising adult(s) to know in relation to the student's health, such as special instructions or any activities that should be restricted, etc.

Consent to Emergency Medical Treatment

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I give permission for _____ (student's name) to receive any necessary medication or treatment prescribed by a physician. In no event will the Sacramento Betsuin, its officers, leaders, counselors or agents be held liable for any first aid rendered or treatments, drugs & medicine or surgical procedures performed pursuant to this consent. In the event of an emergency, every effort will be made to contact the parent or guardian before any medical service is rendered aside from first aid.

Parent/Guardian Signature

Date