

# HEALTH FORM

## 2017 IYC SUMMER YOUTH PROGRAMS

**Child's name:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_ AGE \_\_\_\_\_

**Emergency Information:** (in case of illness or injury and parents are not available, IYC must have two emergency contact names)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### **Health Specifics:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there allergies? i.e. bee sting, peanut, lactose                            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a special diet required?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there any hearing, visual or dental conditions requiring special attention? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there any medical or developmental conditions requiring special attention?  |

If you have answered yes to any of the above, please specify: \_\_\_\_\_

### **Medications being taken:**

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely.

Bring enough medication to last the entire time at program.

Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of the administration.

This child takes **NO** medications on a routine basis.

**OR**

This child self-administers medications as follows: A doctor's note will be required

(Must discuss with IYC Manager and Youth Director PRIOR to leaving child at program). If necessary, attach additional pages for more medications.

Med#1 \_\_\_\_\_ Dosage Specific times taken each day \_\_\_\_\_  
Reason for taking:

Med#2 \_\_\_\_\_ Dosage Specific times taken each day \_\_\_\_\_  
Reason for taking:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_