



HELPING OUR FAMILIES

"Bridging gaps in our 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)
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Physical/Dietary Restrictions or Abnormalities	

Family Doctor name	Emergency Phone #
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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.
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Restrictions	
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Signature **X** _____ Relationship _____ Date _____
 Student (18 or older) or Parent