

# Parent Permission Form

**PLEASE PRINT LEGIBLY**

Name of Youth	Name of Parent/Guardian
M/F	Relation to Student
Date of Birth	Address
Home Address	City                      Zip Code
City                      Zip Code	Home Phone                      Fax
Home Phone	Work Phone

## Youth's Personal Health History

Check all items that apply, past or present, to student's health history.

	Yes	No		Yes	No
Asthma			High blood pressure		
Convulsions/seizures			Kidney disease		
Diabetes			Cancer/ Leukemia		
Heart trouble			ADHD (Attention Deficit)		
Hemophilia			Hyperactivity Disorder		

**Allergies:** Food, medicines, insects, plants.       Yes     No  
 If Yes, explain: \_\_\_\_\_

Is there any other medical condition we should be aware of?       Yes     No  
 If Yes, explain: \_\_\_\_\_

List any medications taken regularly: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in activities:  
 \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.  
 \_\_\_\_\_

**Immunizations (give date of last inoculation):**

	Date		Date
Tetanus Toxioid		Rubella	
Diphtheria		Pertussis	
Measles		Polio	
Mumps			

Name of personal physician: \_\_\_\_\_

Phone number for physician: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Parent's Authorization: - Must be signed by Parent

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or guardian