

**JUNIPERO SERRA HIGH SCHOOL
HEALTH AND MEDICAL RELEASE FORM FOR YOUTH**

Name of Student: _____ Date of Birth: _____

Address: _____ Male Female

City: _____ Zip: _____ Phone: (____) _____

Is this participant in general good health and able to participate in all activities involved in this event?
 YES NO (If no, please submit a statement indicating limitations or serious medical conditions.)

Date: most recent physical exam: _____ Physician or Clinic: _____

Address _____ Phone: (____) _____

ALLERGIES (Please write yes or no next to each)

Hay Fever _____ Asthma _____ Poison Ivy _____ Sulfa _____ Nuts _____

Penicillin _____ Bee Sting _____ Other _____

Medicines _____

If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed. While appropriately trained school personnel may legally administer medication or supervise students who self-administer, they typically may not dispense such non-prescription items such as aspirin, antacid, vitamins, ibuprofen, acetomenaphine etc. Students are responsible for carrying and monitoring their own non-prescription medication. All prescription and non-prescription medications required during this event must be reported on this form.

Operations or Serious Injuries: _____

_____ Dates: _____ Please notify the event coordinator if this child is exposed to any communicable disease during the three weeks prior to activity.

Emergency Telephone Number during the Event: (____) _____

Alternate Telephone: (____) _____

Family Health Insurance Co: _____ Policy No: _____

Special Medications

Medication Name: _____

Dosage: _____ **Frequency given:** _____

Medication Name: _____

Dosage: _____ **Frequency given:** _____

Other Information: _____

Please list any special dietary needs: _____
