

# MIDDLE SCHOOL TEENPOWER 2017 HEALTH HISTORY

FOR TEENPOWER PARTICIPANT, TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: MALE FEMALE

HOME ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP

HOME PHONE \_\_\_\_\_ GRADE (FALL 2017) \_\_\_\_\_ SCHOOL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

PARENTS WHO LIVE SEPARATELY CAN USE THIS LINE TO PROVIDE THE INFORMATION FOR (CIRCLE): MOTHER FATHER

HOME ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP

IN CASE OF AN EMERGENCY, NOTIFY (SOMEONE OTHER THAN PARENT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OPERATIONS OR SERIOUS INJURIES (DATES) \_\_\_\_\_

DISABILITY OR CHRONIC OR RECURRING ILLNESS \_\_\_\_\_

ACTIVITIES ENCOURAGED OR LIMITED BY PHYSICIAN \_\_\_\_\_

DIETARY MODIFICATIONS/KNOWN ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

NAME OF DENTIST/ORTHODONTIST \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF PHYSICAL EXAMINATION \_\_\_\_\_

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, INDICATE: CARRIER \_\_\_\_\_ POLICY OR GROUP NUMBER \_\_\_\_\_

ANY ADDITIONAL HEALTH RELATED INFORMATION \_\_\_\_\_

THIS HEALTH HISTORY IS CURRENT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED TEENPOWER ACTIVITIES EXCEPT AS NOTED. AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE PROGRAM COORDINATOR TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY SON OR DAUGHTER. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE PROGRAM COORDINATOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY SON OR DAUGHTER NAMED ABOVE. EMERGENCY AUTHORIZATION VALID FROM JUNE 19, 2017-JUNE 21, 2017.

**SIGNATURE OF PARENT OR GUARDIAN**

I ALSO UNDERSTAND AND AGREE TO ABIDE WITH ANY RESTRICTIONS PLACED ON MY TEENPOWER ACTIVITIES.

**SIGNATURE OF PARTICIPANT**

(TURN OVER - SIGNATURE REQUIRED ON BACK OF SHEET AS WELL)

# MIDDLE SCHOOL TEENPOWER 2017 LIABILITY & PHOTO RELEASE

I understand that Youth Resources of Southwestern Indiana and the University of Southern Indiana cannot assume any liability for people attending this event. I waive, release and discharge Youth Resources of Southwestern Indiana, Inc. and the University of Southern Indiana from any and all claims of liability from my participation in this event. I also give permission for my picture to be used in any Youth Resources promotion and for my child to participate in TEENPOWER evaluations for the continuous improvement of the program.

**ATTENDEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Youth Resources  
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