Health and Medical History Form

PARTICIPANT GENERAL INFORMATION

Participant's Name: ____
Address: ____
City/State/Zip: ____
Telephone(s): ____________________ E-mail: ____________________
Date of Birth: ____________________ Height: __________ Weight: __________
Last Tetanus Inoculation__________

EMERGENCY CONTACT INFORMATION:

Name: ____________________ Relationship: ______________
Address: ____
Home Telephone: ____________________ Work Telephone: ____________________
Cellular/Pager: ____________________ Email: ____________________

Name: ____________________ Relationship: ____________________
Address: ____
Home Telephone: ____________________ Work Telephone: ____________________
Cellular/Pager: ____________________

PHYSICIAN/CLINIC INFORMATION:

Physician/Clinic name: ____________________ Phone: ____________________

INSURANCE: Each student is responsible for medical costs. Sickness and accident insurance is recommended but not required. **Do you have health insurance?** □ Yes □ No
Insurance Company: ____________________ Policy#____________________
Phone: ______________ Does your Ins. Co. require preauthorization? □ Yes □ No

SIGNATURE REQUIRED

MEDICAL AUTHORIZATION:

In case of an emergency, I hereby authorize and give permission to any physician, hospital, health care provider, or other medical personnel selected by the staff of El Grupo to provide prompt medical treatment and arrange necessary related transportation for the participant. I agree that once the participant is in the care of medical personnel or a medical facility, El Grupo shall have no further responsibility for the participant and I agree to pay all costs associated with such medical care and transportation. This completed form will be photocopied for the files of El Grupo.

The health history on this and the following page is correct and not falsified to the best of our knowledge. I agree to allow El Grupo staff to dispense medications to the participant.

______________________________ ______________
Participant Signature ***Date***

______________________________ ______________
Parent/Guardian Signature - If participant under 18 ***Date***