

## HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents or Legal Guardians: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Please check medication your child can receive:**

Acetaminophen (Tylenol) \_\_\_\_\_

Ibuprofen (Advil) \_\_\_\_\_

Throat Lozenges/cough drops \_\_\_\_\_

Antacids (Tums) \_\_\_\_\_

Lotions, Creams, ointments \_\_\_\_\_

Diphenhydramine (Benadryl) \_\_\_\_\_

**Medical History of Student:**

Please list any known medical issues:

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Surgeries and date:

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Emotional problem (i.e. hyperventilation, hysteria):

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Allergies to drugs: \_\_\_\_\_

Allergies to foods & other agents:

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List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)

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Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know.

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