2017 Hopi Reservation Service Project

Put on by the Park City Rotary Club

**Youth Health History Information**

**Students Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Subject to: Now Have or Have Had:

Colds Yes\_\_\_\_\_No\_\_\_\_\_ Heart Trouble Yes\_\_\_\_\_No\_\_\_\_\_

Sore Throat Yes\_\_\_\_\_No\_\_\_\_\_ Asthma Yes\_\_\_\_\_No\_\_\_\_\_

Fainting Spells Yes\_\_\_\_\_No\_\_\_\_\_ Lung Trouble Yes\_\_\_\_\_No\_\_\_\_\_

Bronchitis Yes\_\_\_\_\_No\_\_\_\_\_ Sinus Trouble Yes\_\_\_\_\_No\_\_\_\_\_

Convulsions Yes\_\_\_\_\_No\_\_\_\_\_ Hernia (Rupture) Yes\_\_\_\_\_No\_\_\_\_\_

Cramps Yes\_\_\_\_\_No\_\_\_\_\_ Appendicitis Yes\_\_\_\_\_No\_\_\_\_\_

Allergies Yes\_\_\_\_\_No\_\_\_\_\_ Appendix removed Yes\_\_\_\_\_No\_\_\_\_\_

Wear Corrective Lenses? Yes\_\_\_\_\_No\_\_\_\_\_ Do you walk in your sleep? Yes\_\_\_\_\_No\_\_\_\_\_

Is hearing good? Yes\_\_\_\_\_No\_\_\_\_\_

Date of last Tetanus Vaccination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify allergies, including to food medication and drug reactions\_\_\_\_\_\_\_

Please list an diability accommodations you will need in order to participate in this program or activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all current medication (drug name, dose, times taken)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any additional remarks and special instructions to better assist emergency personnel. Please explain “yes” answers on this page\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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We will be traveling as a group from the Salt Lake area, leaving November 2nd and returning November 5th. We will be traveling to the Hopi Indian Reservation in Arizona.

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above named participant for any accident or illness and to act in my stead in approving necessary medical care should the need arise. This authorization shall cover this activity and travel to and from this activity.

Parents/Guardians Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_