

MEDICAL HISTORY

Inside Out (828)697-5295

School or Group: _____

Participant: _____ Age: _____ DOB: _____

Sex: M / F Address: _____

Contact Person(s)

Name: _____ Relationship: _____

Home #: _____ Work #: _____

Name: _____ Relationship: _____

Home #: _____ Work #: _____

Mark each of the following items with regard to whether the participant currently has, or in the past has had, the condition. Use the space provided at the end to explain any "yes" answers. If the answer is "not in a while", mark "yes" and give approximate date since last occurrence: Please elaborate if necessary --on the back of this form.

- | | yes / no |
|----------------------------------------------------|-----------------|
| 1. Allergic to insect bites or stings..... | ___ / ___ |
| 2. Asthma..... | ___ / ___ |
| 3. Bones/joints weakened by injury or illness..... | ___ / ___ |
| 4. Heart Conditions..... | ___ / ___ |
| 5. High blood pressure..... | ___ / ___ |
| 6. Medical care which limits activities..... | ___ / ___ |
| 7. Mental or emotional disorders..... | ___ / ___ |
| 8. Migraine headaches..... | ___ / ___ |
| 9. Motion Sickness..... | ___ / ___ |
| 10. Seizures..... | ___ / ___ |
| 11. Last Tetanus shot Date..... | ___ / ___ / ___ |
| 12. Any Other not covered by items 1-10.. | _____ |

12. List in this space medicines to which participant is allergic: (please add severity)

13. Please list specific food allergies and their severity.

14. List in this space medicines which participant is currently taking for ANY reason, whether prescribed, or over the counter: _____

15. Does the parent or legal guardian allow the minor participant to receive non-prescription medicine for incidental headaches, sore throats, and/or upset stomachs, which may occur while participant is away from home. _____

16. Does the parent or legal guardian allow the minor participant to receive such treatment as may be immediately necessary in an emergency or life threatening situation? _____

17. Insurance Company Name _____
Insurance policy number _____

Signature: _____ Date: _____

Relationship to above named: _____

Inside Out  PO Box 1200 – Flat Rock, NC 28731 – (828)697-5295