

Parent/Guardian/Spouse \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**If contact listed above is not available, in emergency notify:**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Doctor to Consult in Case of Emergency**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Phone \_\_\_\_\_

**Any unusual behaviors (nightmares, sleep talking )**

### **Immunization History**

Required immunizations must be determined locally. This is a record of basic immunizations and most recent Boosters.

<b>Check</b>	<b>Date</b>	<b>Check Date</b>
___ Measles Vaccine (live) _____		___ Tetanus Booster _____
___ German Measles (Rubella) _____		___ Tuberculin Test _____
___ DPT Series _____	Booster _____	___ Chicken Pox _____
___ Polio OPV (Sabin) _____	Booster _____	___ Mumps Vaccine (live) _____

Oregon Residents: Does your child meet current Oregon State law for school attendance? \_\_\_ Medical Exemption  
\_\_\_ Religious Exemption

Diet \_\_\_ Regular \_\_\_ Diabetic \_\_\_ Low Salt \_\_\_ Low Fat/Cholesterol \_\_\_ Vegan \_\_\_ Other: \_\_\_\_\_

### **Do You Have**

Medical Insurance? \_\_\_ if yes, please provide Insurance Number \_\_\_\_\_  
(Yes or No)

Insurance Name \_\_\_\_\_

**PARENT'S AUTHORIZATION**-required for those under 18 years of age or under 21 if still living at home.

This health history is correct so far as I know, and the child named above has permission to engage in all activities, except as noted herein by me. Exceptions (if any) \_\_\_\_\_ In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injections or surgery for my child. A photo copy of this shall be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_