

TRYC
Personal Health and Medical Form

Please print or type.

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent/guardian _____ Phone _____

Home address _____ Town/City _____ State _____

Business address _____ Town/City _____ State _____

If the person named above is not available in the event of any emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy No. _____

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date _____ Signature of parent/guardian _____

Medical information past or present (please check):

Asthma	yes[] no[]	Heart disease	yes[] no[]	Leukemia	yes[] no[]
Allergies	yes[] no[]	High blood pressure	yes[] no[]	Cancer	yes[] no[]
Convulsions	yes[] no[]	Diabetes	yes[] no[]	Hemophilia	yes[] no[]

Explanations: _____

Allergies:

Food	yes[] no[]	Plants	yes[] no[]
Medicines	yes[] no[]	Insect bites	yes[] no[]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible. _____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures?
What? _____

Date of last Tetanus shot: _____