

# YOUTH COUNCIL HEALTH HISTORY & EMERGENCY CONTACT INFORMATION

East Brunswick Youth Council

350 Dunhams Corner Road East Brunswick, NJ 08816 732-390-6797 fax: 732-390-6818 www.ebyouthcouncil.com

Child's Name \_\_\_\_\_  
LAST FIRST

Child's Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY - Please print neatly**

	Mother/Guardian	Father/Guardian
Name	_____	_____
Address	_____	_____
Home	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
<b>MUST PROVIDE</b> TWO SEPARATE EMERGENCY CONTACTS TO BE NOTIFIED IF GUARDIANS ARE NOT AVAILABLE IN AN EMERGENCY		
	Emergency Contact 1	Emergency Contact 2
Name	_____	_____
Address	_____	_____
Home	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

**PLEASE ATTACH YOUR CHILD'S PHOTO HERE**

**PHOTO IS REQUIRED**

**HEALTH HISTORY - IF YES, GIVE DATE(S)**

Asthma YES NO \_\_\_\_\_  
 Seizures YES NO \_\_\_\_\_  
 Diabetes YES NO \_\_\_\_\_  
 Hay Fever YES NO \_\_\_\_\_  
 Please give details \_\_\_\_\_

**MY CHILD IS ALLERGIC TO:**

Insect Bites YES NO  
 Latex YES NO  
 Food or Drug Allergy YES NO  
 If YES, please describe \_\_\_\_\_  
 Is **EPI PEN** required? YES NO  
 Is **INHALER** required? YES NO

**DOES YOUTH COUNCIL MEMBER:**

Wear contact lenses or glasses? YES NO  
 Wear dental appliance? YES NO  
 Has child had any operations or serious injuries? YES NO If YES, explain: \_\_\_\_\_  
 Does child have chronic or recurring illness? YES NO If YES, explain: \_\_\_\_\_  
 Does child have any medical, physical, behavioral condition(s) that we should be aware of? YES NO If YES, explain: \_\_\_\_\_  
 Does child take any daily medication(s)? YES NO If YES, list medication & reason taking it: \_\_\_\_\_  
 (prescription & non-prescription)

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

HOSPITAL PREFERENCE (check one):  Robert Wood Johnson  St. Peter's  Old Bridge Regional  Other \_\_\_\_\_

If none are checked, your child will be taken to the nearest emergency room.

**WAIVER & PERMISSION TO TREAT IN A MEDICAL EMERGENCY**

I hereby give permission for my child to attend/participate in the East Brunswick Youth Council. In the instance of a medical emergency, I understand that EB Youth Council will always attempt to contact the parent/guardian first. I hereby give permission to East Brunswick Youth Council to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for my child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for my child/ward. If there is a change in the above information, I will promptly notify EB Youth Council. This completed form may be photocopied. I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the Township of East Brunswick, its successors and assigns, for any and all loss and damage occasioned thereby. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by East Brunswick Youth Council and the Township of East Brunswick. By participating in these programs I assume my own medical responsibilities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ 2010

# Insurance Information Required

**Name of Insured:** \_\_\_\_\_

**Address of Insured:**  
**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Date of Birth of Insured:** \_\_\_\_\_  
**Month/Day/Year**

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Plan:** \_\_\_\_\_

**Insured Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_