

MEDICAL HISTORY FORM

FORM A

TrekNorth Junior & Senior High School
Confidential Medical Record

Part I

General Information

Name: _____ M / F

Street Address: _____ City/State/Zip _____

Home Phone/Cell Phones: _____

Doctor Name/Phone: _____

Emergency Contact #1: _____ Phone # _____

Emergency Contact #2: _____ Phone # _____

Relationship: #1 _____ #2 _____

Insurance: Each participant is required to show proof of insurance. Each participant is required to have a photocopy of the front and back of their personal insurance card stapled to this form.

Insurance company: _____ Policy# _____

Part II

Medical Information

Allergies (medicines, foods, stings, etc.): describe reaction and medications required

Medications: list condition for which they are used, name of med, frequency and side effects

Part III

Medical History

Please describe current health history. Include dates and diagnosis. Use additional sheets if necessary.

Diabetes _____

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Seizures _____

Pregnancy _____

Respiratory Problems _____

Hospitalization/Emergency Room visit within past year _____

Head/Neck/Back/Shoulder/Leg/Foot/Arm/Hand problems _____

Cardiac Problems _____

Special Diet _____

Other medical history information _____

Part IV

Cardiovascular Fitness

Height/Weight _____

Health concerns regarding physical exertion _____

Current exercise activity and level (type, frequency, time and distance) _____

Please return this form as soon as possible so we may have time for adequate review and preparation.

Consent is hereby given for the student to attend a TrekNorth High School Outdoor Adventure Program Event and permission is given for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary. All information will remain confidential, except when shared with professional medical personnel. Many students with medical/psychological difficulties successfully participate in our program, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to the student and/or the group.

Signature (Parent/Guardian): _____

DATE

Signature (Student): _____

FORM B

TrekNorth High School

Medication Form

Student Name:

Medication and Instructions

Name of Meds:

Amount to be administered:

Schedule for administering medication:

Any additional helpful information: