

**YOUTH MEDICAL FORM**  
Ventana Wildlife Society

*Please be sure to fill out both sides completely and sign the permission for medical treatment*

**General Information**

Youth Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Business Phone Number \_\_\_\_\_

List additional phone numbers where parents / guardians can be reached in case of an emergency:

\_\_\_\_\_

***Please list those authorized to pick up youth or who may be called if guardians cannot be reached.***  
***(Note that youth will not be allowed to leave with any other person without written consent from guardian)***

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical Information**

Does your child have any drug, food or other allergies?  Yes  No If yes, please describe:

\_\_\_\_\_

Does your child run the risk of anaphylactic shock from an allergy - i.e. bee stings?  Yes  No

If yes, does your child carry an epinephrine shot or an Epi-pen for emergency use?  Yes  No

Does child have any additional dietary restrictions? \_\_\_\_\_

***Please turn over =>***

Please note any history or serious illness (diabetes, epilepsy, heart conditions, etc.): \_\_\_\_\_

Is child on medication?  Yes  No Will they need medication during our program?  Yes  No

If yes, please give detailed instructions: \_\_\_\_\_

Do we have your permission to give your child acetamenophin on request?  Yes  No

Do we have your permission to give your child ibuprofen on request?  Yes  No

Do we have your permission to supply anti-nausea wrist bands on request?  Yes  No

Can your child swim?  Yes  No If yes, describe ability: \_\_\_\_\_

Please list any other information that staff should be aware of: \_\_\_\_\_

**Emergency Information**

**Physician Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Type of Coverage** \_\_\_\_\_

**Permission for Medical Treatment**

**Administrative procedures vary among medical personnel and medical facilities with regards to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.**

**In case of an accident or emergency, I authorize a staff member of the Ventana Wildlife Society to take my child to the above named physician or to the nearest hospital for such emergency treatment and measures as deemed necessary for the safety and protection of the child, at my expense.**

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_