

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which this participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

1. Include names of medications and dosages that must be taken:

Please have youth bring only the amount they will need in a prescription bottle from the pharmacy.

2. Please list any dietary restrictions or food allergies:

3. Does this participant have allergies to?

- Pollens medications food insect bites
 other

If there is an exposure, what should be done?

4. Does participant suffer from, or has ever experienced, or is being treated currently for any of the following:

- Asthma epilepsy/seizure disorder Diabetes physical handicap frequently upset stomach heart trouble other

Explain:

5. Date of last tetanus shot: _____

6. Does participant wear? glasses contact lenses

Please note: This form is valid for all Diocese of Iowa youth events from January 1, 2010 to December 31, 2010. Should any information change it is the responsibility of parents and guardians to update information with the Diocese of Iowa Youth Missioner. Each event will still require written permission to participate, however the diocese will keep this form on file in order to make the registration process more efficient. Please contact Lydia Kelsey with any questions 515-277-6165 or lkelsey@iowaepiscopal.org.