

MEDICAL FORM

To be completed by every participant in any activity.

Please note that the activity leadership <u>must</u> have the ORIGINAL form. (Some hospitals will not accept copies).

Activities such as field days, day hikes and conferences and academies where medical staff is available a medical history is required but a physicians evaluation is not required.

Activity such as resident camping, extended outings, hiking & boating in remote areas where medical staff is not readily available requires a physicians evaluation (signature required on 2nd page of this form) PARTICIPANT INFORMATION: (Required) Group/Post No. Local LFL Office No. LFL Headquarters City Last Name First Name Phone Address City State Youth__ / Adult_ Registered as (Required): Gender: Male____ / Female_ / Birth Date_ youth participants.) MEDICAL INFORMATION Check all items that apply, past or present, to your health history. Explain any "Yes" answers. **ALLERGIES:** Food, plants, medicines, insect bites Yes \(\square\) No \(\square\) Explain: GENERAL INFORMATION: Yes Yes Nο Nο Yes No Asthma Hemophilia Convulsions/seizures Attention Deficit/Hyperactivity Diabetes High blood pressure Disorder (ADHD) Cancer/Leukemia Heart trouble Kidney disease List any medications to be taken during the activity. List ALL medications taken in the 30 days prior to arrival. List any physical or behavioral conditions that may affect or limit full participation.____ List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: IMMUNIZATIONS (Date of last inoculation): Chicken Pox Lyme Disease (not required) Pertussis Rubella Polio TetanusToxoid _____ Measles _____ Diphtheria Hepatitis B ___ Mumps PARENT/GUARDIAN INFORMATION: Name of parent or quardian_______ Telephone Home address ____ Name of personal physician_____ Telephone ____

Personal health/accident insurance carrier_____

Policy no. ____

In case of emergency during the act	ivity, notify:					
Name:						
Relationship:	E-M	ail Address				
Street address			City		State Zip	
()	(hone	()		
Area Code Day Phone	Area Code	Evening P	hone	Area Code	Pager/Mobile	
If person named above is not availa	ole in the event of a	n emergency, n	otify:			
Name	Relationship	Telephone	E-Mail	Address		
Name	Relationship	Telephone	E-Mail	Address		
In case of emergency, I understand every reached, I hereby give my permission to including hospitalization, anesthesia, sometimes of parent/guardian	o the licensed health urgery, or injections o	-care practitioner f medication for i	selected by the among the selected by the among the selected by the among the selected by the selected by the among the selected by the	dult leader in charge e, if an adult).		atment,
STATEMENT OF UNDERSTANDING					ts)	
I understand the importance of providing accurate medical information, and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in the conference (unless noted).			In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance at the conference, I do hereby consent to whatever X-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.			
understand that this application includes my request for other personal accident insurance to be purchased on my behalf, and the cost of this included in the registration fee.						
As an Adult Leader I will follow activity requirements for participation or as a youth participant, I will be responsible to my Adult Leader.			I understand that in the event of a serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.			
Does your group/post currently Insurer:		sickness insu	ırance on adults	s and your partici	ipants? Yes	No
Policy expiration date		Policy No				
Signature of participant			Date			
Signature of parent or guardian			(Required if participant is younger than 18)			
Signature of Adult Leader*			Group/Post No LFL No			
* Overnight Activities: All leaders must I female youth participants.	oe registered as an adul	It with Learning for	Life and provide ma	le leaders for male you	uth participants and fen	nale leaders for