

This information is confidential. Youth leader needs to collect and bring this form along for each IDE youth event.

Iowa District East Youth Event Health Form and Photo Release

First Name _____ Last Name _____
Gender _____ Birthday ___ / ___ / ___ Age _____ Grade this Fall _____
Address _____ Information Provided By: _____
City _____ State _____ Zip _____ Home Phone _____
Parent 1 First Name _____ Last Name _____ Cell _____ Work _____
Parent 2 First Name _____ Last Name _____ Cell _____ Work _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ Phone _____ Cell _____
Doctor _____ Phone _____
Dentist _____ Phone _____
Pharmacy _____ Phone _____

NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE:

Insurance Carrier _____ Policy # _____
Insurance Phone # (if applicable) _____ Primary Insured's Name _____
Activity Restrictions by parent's/physician's advice?: _____
Other information we need to know? _____

ALLERGIES: Hay Fever Poison Ivy Insect Stings Asthma Food(s): _____
 Peanut Butter Nuts Penicillin Other Drugs: _____

Medications Brought To Event: _____ Notes on Giving: _____

Acetaminophen, Ibuprofen, antacids, anti-diarrhea medication and first aid **MAY / MAY NOT** (CIRCLE ONE) be administered to my child, as needed, by designated chaperones.

Special Considerations? _____

AUTHORIZATIONS AND PHOTO RELEASE:

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed event activities except as noted above. I also give permission to the event coordinator or chaperone to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I give permission to the physician selected by the event coordinator to transport, hospitalize and secure proper treatment, order injection and/or anesthesia and/or surgery.

I grant to Iowa District East the right to take photographs of me and my family in connection with the Iowa District East youth events and retreats. I authorize Iowa District East, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Iowa District East may use such photographs of me and my family with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I agree that if I have any concerns or questions regarding the use of such photographs I should contact the Iowa District East office, in writing, in a timely manner.

Signature of Parent/Guardian _____ Date _____

THIS FORM MUST BE COMPLETED, SIGNED AND GIVEN TO YOUR YOUTH COUNSELOR ATTENDING THE EVENT WITH YOU. THE YOUTH COUNSELOR COLLECTS AND RETAINS THE IDE YOUTH EVENT HEALTH FORM FOR EACH PARTICIPANT. DO NOT SEND THIS FORM TO THE DISTRICT OFFICE.