HIGH SCHOOL DEMOCRATS OF AMERICA

HSDA Summit Health Form

This form must be completed with a parent or guardian. Insurance information should be completed in the separate Waiver and Release of Liability Form.

PARTICIPANT'S FULL NAME _____ PARTICIPANT'S DATE OF BIRTH _____

If your child has allergies (such as insect stings, food, medicine, or other miscellaneous allergies) or other medical conditions we would like to know. Health information, per federal law and our national Bylaws, will be kept private except for adult chaperones and Summit staff.

1. What is your child allergic to? *And/Or:* **What medical conditions does your child have?**

☐ DRUG ☐ FOOD ☐ SEASONAL ☐ STINGS/BITES ☐ OTHER ☐ MEDICAL CONDITION

Please specify the allergy or condition: _____

2. Does your child take any medication for this allergy/condition?

☐ DAILY ☐ AS NEEDED ☐ NO MEDICATION IS NEEDED ☐ OTHER: _____

Please list medication(s), dosage and frequency, including emergency medicine your child carries:

_____

3. Is there a need for adults to keep your child's medication at Summit? ☐ YES ☐ NO

4. Are there any limitations/restrictions of physical activities at the Summit due to allergies/conditions? ☐ YES ☐ NO

If yes, please specify: _____

5. What are the symptoms your child exhibits when having an allergic reaction or emergency medical issue? Please include the cause of the reaction in your answer.

_____

_____

6. Please list all dietary restrictions your child has. Please restate any food allergies mentioned above.

_____

_____

7. Is there anything else you believe we should know about your child?

_____

_____

I, _____ give permission for my child to receive the above medication as directed. *I understand that there is no physician on hand at the High School Democrats of America National Summit. My child is trained to self-administer regular medications and emergency medications including Epipen injection. I will send all their regular and emergency medication with them to Summit.*

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE & DATE
EMERGENCY CONTACT 1 PHONE NUMBER	EMERGENCY CONTACT 2 PHONE NUMBER