

# **RYLA** Participant Information and Health History Form

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**The Health History must be filled out completely for all RYLA participants.**

## **Illness & Injuries**

Ear Infections       Heart Defect/Disease       Bleeding/Clotting Disorder  
 Muscular/Skeletal Disorder       Hypertension       Asthma       Seizures  
 Others (Specify) \_\_\_\_\_

Date of Last Health Exam: \_\_\_\_\_ Were there any complications during the last exam?    Yes    No

If yes, indicate: \_\_\_\_\_

## **Allergies (Check all that apply and specify nature of the allergic reaction)**

Animals \_\_\_\_\_       Hay Fever \_\_\_\_\_  
 Pollen \_\_\_\_\_       Food \_\_\_\_\_  
 Medicines/Drugs \_\_\_\_\_       Insect Stings \_\_\_\_\_  
 Plants \_\_\_\_\_       Other \_\_\_\_\_

## **Other Health Conditions (Check all that apply)**

Diabetes       Epileptic       Emotional Disturbances  
 Menstrual Cramps       Fainting       Hearing Implant  
 Nosebleeds       Sickle Trait or Disease       Special Dietary Regime  
 Constipation       Glasses or Contact Lenses       Other (Specify) \_\_\_\_\_

List Daily Medications: \_\_\_\_\_

Please explain any items that are checked. Include any information useful to an adult in charge. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical/Hospital Insurance Carrier: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

**RELEASE:** I, as the parent/guardian of \_\_\_\_\_ ask that he/she be admitted to the RYLA Camp conducted by Rotary District 7360. In consideration of this admission, I do hereby agree to release, discharge, and hold harmless Rotary, its officers, agents and volunteers and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said participant in the course of activities held in connection with said event.

Signature of Parent/Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant if 18 or over: \_\_\_\_\_