



# BOYS & GIRLS CLUB OF HIGHLANDS COUNTY

## Comprehensive Health History

The Comprehensive Health History form is required to complete the enrollment process. Please print, complete, sign and deliver to the Unit or Program Director at your club.

For a list of all required forms, please see the Forms section. If you need assistance with printing, please contact your club.

Unit/Club:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Membership Number

**Dear Parents and Members:** Completing this form will help us help you. Answers to the following questions will be used by the Boys & Girls Club to help safeguard and promote the health of our Club members. Answers will be kept confidential.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_  
Address City State Zip Phone

**Parent/Guardian:** \_\_\_\_\_  
Home Address City State Zip Phone  
\_\_\_\_\_  
Work Address City State Zip Phone

**Doctor's Name:** \_\_\_\_\_  
Doctor's Address City State Zip Phone

**Dentist's Name:** \_\_\_\_\_  
Dentist's Address City State Zip Phone

**In case of emergency and the above parent/guardian cannot be reached, please notify:**

\_\_\_\_\_  
Name Address City State Zip Phone

### Part I. Illness and injuries - chronic or recurring: (check all that apply)

- ☐ Ear Infection ☐ Epilepsy ☐ Heart Disease ☐ Asthma  
☐ Convulsion ☐ Kidney Disease ☐ Fainting ☐ Blackout Spells  
☐ Other (Specify) \_\_\_\_\_

Are you now seeing a doctor or other health professional for a health problem? ☐ Yes ☐ No  
Are you now taking medication prescribed by a doctor? ☐ Yes ☐ No  
Have you had any operations or serious injuries in the past three years? ☐ Yes ☐ No  
Have you been in the hospital or received treatment in the emergency room? ☐ Yes ☐ No  
Are you restricted from any school gym or physical activity? ☐ Yes ☐ No

\* If you answered 'Yes' to any of the above, please give details and include dates:

### Part II. Allergies: (check those that apply and specific allergies)

- ☐ Medicine/drugs Specify: \_\_\_\_\_  
☐ Insect stings Specify: \_\_\_\_\_  
☐ Food Specify: \_\_\_\_\_  
☐ Plants Specify: \_\_\_\_\_  
☐ Animals Specify: \_\_\_\_\_  
☐ Pollen Specify: \_\_\_\_\_  
☐ Other Specify: \_\_\_\_\_

Comprehensive Health History (continued)



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OF HIGHLANDS COUNTY

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Unit/Club: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ Membership Number \_\_\_\_\_

## Comprehensive Health History (continued)

### Part III. Health Care: (check all health services that you have had)

- ☐ Health examination in last 3 years ☐ Dental visit in last 6 months  
☐ Eye test in last 2 years ☐ Hearing test in last 2 years

### Part IV. Immunizations: (check the immunizations you have had)

- ☐ DPT (diphtheria, pertussis, tetanus) - (5 doses)  
☐ 1 tetanus booster within the last 10 years  
☐ Measles/Mumps/Rubella - (2 doses)  
☐ Chicken Pox - (1 dose)  
☐ Polio - (4 doses)  
☐ Hepatitis B - (3 doses)

### Part V. Health Concerns: (Please specify any other health concerns)

## Insurance Information

### Medical care is paid for by: (check all that apply)

- ☐ Cash ☐ Medicaid ☐ Insurance ☐ Other: \_\_\_\_\_

Type of Policy: ☐ HMO ☐ PPO ☐ Other (Specify) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

### Part VI. Parental Permission:

I am the parent/guardian of (Name) \_\_\_\_\_  
First Middle Last

a child under the age of 18 years. In case of sudden illness or accident to the above named youth requiring immediate treatment or surgery while he/she is a participant in the Boys & Girls Club activities, I authorize the Boys & Girls Club staff to take such action as seems appropriate to protect the health and physical well being of my child/ward. This authority extends to any physician(s) and/or surgeon(s) selected by the Boys & Girls club staff to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and well being of my child/ward. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Although the Boys & Girls Clubs of Highlands County and its staff will use the utmost precaution in preventing accidents and guarding the health of the child/ward, I release them from liability of any kind to me or my child/ward, any claims arising from any accident, injury or illness that my child/ward may suffer as a result of participating in Boys & Girls Club activities or as the result of any health care or medical treatment provided in the event of an illness or injury. Furthermore, I release the owner and driver of any vehicle transporting my child/ward to and from any Boys & Girls Club activity, from any liability in case of illness or injury.

**\* I understand and agree that it is my responsibility as a parent or guardian to maintain health insurance coverage.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_