

**Rotary District 7770: RYLA 2019 Health Form Due: June 1, 2019.**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Home \_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medicaid/ Insurance Co. and # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES (foods, insects, medications) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child take medication for allergic reactions? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

**If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL CONDITIONS:**

**Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bleeding Disorder \_\_\_\_\_\_\_\_\_\_\_\_**

**Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_ Sickle Cell \_\_\_\_\_\_\_\_\_**

**Heart Condition \_\_\_\_\_\_\_\_\_\_\_\_\_ Seizures/ Epilepsy \_\_\_\_\_\_\_\_\_\_\_\_**

**Orthopedic Disability \_\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child need to take medicine while attending RYLA? YES \_\_\_ NO\_\_\_**

**Please note: Parents and students are required to bring their participant’s medication to the RYLA coordinator when checking into the program on Friday afternoon.**

**Medication Guidelines: If a child is required to take medication while attending RYLA, the medication must be in the original container and properly labeled. Written authorization is required and must be signed and dated by the parent/ guardian. Notes must include: child’s name, name of medication, dosage, time, route of medication, and termination date. Medication will not be given without the information indicated above. Please list medications below.**

**Name of Medication Purpose Dose Time**

**1.**

**2.**

**3.  
Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**