

**Indiana National Guard
2015 Kids AT Youth Camp
Health Record**

**IMPORTANT: This form must be filled out completely,
signed and returned.**

Youth's Information:

Last Name	First Name	Middle	Nickname
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Street Address	City	State	Zip
Date of Birth: _____	Age: _____	Gender: Male or Female	

Parent:

Last Name	First Name	Middle
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Street Address	City	State	Zip
Emergency Telephone Number(s): Day () _____ Evening () _____			

Two additional points of Contact in the event of an emergency:

() _____ () _____

Name Name

HEALTH HISTORY: To be completed by parent/guardian. All questions MUST BE ANSWERED.

Does your child have any medical, physical, or mental health issues illnesses or injuries:

condition	explain (as needed)

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List all medications your child is currently taking Medication Name, Strength, Reason Taking, and Time(s):

Medication Taken | Strength | Reason for taking medication | Time(s) Taken

List below any plant, animal, insect, or food allergies your child has:

If you child has an allergy that requires an Epinephrine pin you are responsible to provide two Epinephrine pens/Bee sting kits with the child.

If information is intentionally omitted from this form regarding allergies, illnesses, or medications your child will permanently be removed from all future INNG Youth invitational events. Failure to bring your child’s medications will result in your child not being admitted to the Youth Program for safety purposes.

Please sign and date:

Parent’s signature

Date

Witness

Date