

**Indiana National Guard
2014 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

—
Street Address City State Zip
Date of Birth: _____ Age: _____ Gender: Male or Female
Parent:

—
Last Name First Name Middle

—
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 your 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