



## Health Form Update/Changes

All youth need to bring this form with them to the registration or bus-boarding site and give it to the chaperone in charge of First Aid. If there are no changes, please indicate that where requested.

**To be completed immediately prior to travel by parent/guardian**

Youth Name: \_\_\_\_\_ County: \_\_\_\_\_

1. Are there any changes in your child's health status since the medical forms were sent in?

No  Yes

If yes, please describe:

2. Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month?

No  Yes

3. Does your child have any rashes or open sores?  No  Yes

4. List below all medications that youth will bring to event, including over the counter medications.

Medication Name	Reason	Dosage (mg)	Times of day given	Side Effects	Special Instructions	Prescribing Physician Name & Phone Number

5. Does your child have any recent injury or activity restrictions?  No  Yes

6. Will the custodial parent(s) or guardian be available at the numbers listed on the health form submitted?

No  Yes

If NO, list the name and phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the health form.

Emergency contact: \_\_\_\_\_  
Name Phone Number

Parent/Guardian Name (Please print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

