

Midwest Youth Conference – Medical History Form

1. Youth's Name: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone _____ Birth Date: _____
5. Mother: _____
6. Father: _____
7. Guardian's Name: _____
8. Allergies: Food: _____

Medications: _____

9. Are you currently on medication? No () Yes () If so, what kind (s)

10. Date of last tetanus: _____
11. Have you ever had any of the following? Check yes or no.

CONDITION	YES	NO	CONDITION	YES	NO
<u>Asthma</u>			Difficulty hearing		
Sinus trouble			Allergies		
Chronic cough			Draining ears		
shortness of breath			Frequent colds		
Pneumonia			Hyperventilation		
Spitting blood			Tuberculosis		
Bowel trouble			Stomach ulcer		
Jaundice			Anemia		
Gall Bladder Disease			Appendicitis		
Constipation			Blood transfusion		
Hemorrhoids			Sickle Cell Disease		
Leukemia			Skin disease		
Hemophiliac (free bleeder)			Kidney disease		
Epilepsy/Fainting			Dizziness		
Difficulty with Vision			Kidney/Bladder trouble		
Bone Disease			Nervous breakdown		
Heart Disease			Wear Glasses/Contacts		
Irregular heartbeat			Rheumatic fever		
Fast/Slow heartbeat			Blood pressure problem		
Diabetes					

EACH PARTICIPANT MUST PRINT FORM AND BRING TO THE CONFERENCE

Mother/Guardian: Phone # (h) _____ (c) _____
work _____

Father:Phone # (h) _____ (c) _____
work _____

Emergency Contact:

Name _____ Relationship _____

Phone # (h) _____ (c) _____ (Work) _____

Please provide a copy of the youth's insurance card.

MEDICAL CONSENT

In the event that I cannot be reached by telephone, I _____ do hereby authorize that my child _____ be given treatment for medical emergencies or injuries occurring in route to, during, and on the return trip home from the youth conference. I certify that my answers are correct and understand that any falsification may result in inadequate treatment in the event of any emergency.

Signature

Date

***PLEASE DO NOT MAIL FORMS. THESE FORMS ARE FOR YOU AND YOUR CONGREGATION. PLEASE HAVE IN YOUR POSSESSION DURING THE CONFERENCE.**

***IN ORDER TO BE TREATED OR DISPENSE MEDICATION, YOU MUST PRESENT A MEDICAL FORM.**

All forms will be collected at Registration on Day 1 of the Conference
Recommended that all a copy of Insurance cards be made and kept with counselors

Don't forget to mail your registration fees to:
Midwest Youth Conference
attn: Sheldon Heights Church of Christ
11325 South Halsted Street
Chicago, IL 60628

Write MYC in the memo line