



2012 Town of Cambria
Individual Health Record & Medical Permit

NAME _____

BIRTH DATE: _____

HOME ADDRESS: _____

PARENT/ GUARDIAN: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

FAMILY PHYSICIAN: _____

PHONE: _____

FAMILY MEDICAL / HOSPITAL INSURANCE CARRIER: _____

POLICY NUMBER: _____

DATE OF LAST HEALTH EXAMINATION: _____

DATE OF LAST TETANUM IMMUNIZATION: _____

ILLNESSES AND INJURIES

- ASTHMA BLEEDING/ CLOTTING DISORDER DIABETES
 HEART DEFECT/ DISEASE HYPERTENSION MUSCULOSKELETAL DISORDERS
 SEIZURES OTHER (SPECIFY)

OPERATIONS AND OR SERIOUS INJURIES (WITH DATES)

ALLERGIES

- ANIMALS FOOD HAY FEVER INSECT STINGS
 MEDICINE PLANTS POLLEN SUN
 OTHER (SPECIFY)

**TOWN OF CAMBRIA
INDIVIDUAL HEALTH RECORD AND MEDICAL PERMIT**

OTHER HEALTH CONDITIONS

- EMOTIONAL DISTURBANCES FAINTING MENSTRUAL CRAMPS
 HEARING IMPAIRMENT WEARS GLASSES WEARS CONTACT LENSES
 OTHER (SPECIFY) _____

Please explain all items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted:

MEDICATIONS

Please list all medications participant is currently taking and for what reason:

MEDICAL ATTENTION AUTHORIZATION

In and EMERGENCY, should it happen that we, the parents and/or guardians of _____ cannot be located promptly, HEREBY AUTHORIZE THE REPRESENTATIVE/ SUPERVISING ADULT (coach or site leader) of the TOWN OF CAMBRIA BASEBALL/ SOFTBALL/ T-BALL PROGRAM OR THE SUMMER RECREATION PROGRAM to be my (our) agent in authorizing any hospital/ physician deemed advisable by, and rendered under the general supervision of any licensed medical doctor on the staff of any hospital for my child/ legal ward or myself.

EFFECTIVE DATE: **FROM:** _____ **TO:** _____

Signature of parent/ guardian and/or adult participant:

_____ **Date:** _____

**** NOTE: If there is religious opposition to medical treatment or immunization, you must supply a written statement indicating the religious beliefs. This statement must be signed and dated.**

**THIS FORM MUST BE IN THE POSSESSION OF THE SUPERVISING ADULT AT
ALL CAMBRIA BASEBALL/ SOFTBALL/ TEE-BALL/ ACTIVITIES AND/OR
SUMMER RECREATION PORGRAM ACTIVITIES IN CASE OF A MEDICAL
EMERGENCY!!!**