

**THE AMERICAN LEGION, DEPARTMENT OF UTAH
UTAH BOYS STATE INCORPORATED
HEALTH RECORD and MEDICAL RELEASE FORM**

IMPORTANT: This form must be filled out completely and brought with the student when registering for American Legion Utah Boys State. The person in charge of registration will ask for this form. This form will be filed in the First Aid room for information in case of a medical emergency requiring treatment or hospitalization.

STUDENT NAME: _____ Age: _____

ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF PARENT OR GUARDIAN: _____ PHONE: _____

MEDICAL INSURANCE CO: _____ POLICY NUMBER: _____

POLICY HOLDERS NAME: _____

PHYSICIANS NAME: _____ PHONE: _____

HEALTH HISTORY – To be completed by parent or guardian

Is his health, in general, good? Yes: _____ No: _____

Does he experience of any of the following: Ear Trouble _____ Fainting Spells _____ Seizures _____
Stomach Disorder _____

Has he had? Appendicitis _____ Heart Disease _____ Asthma or Hay Fever _____

Has he been exposed to Tuberculosis? _____ When? _____

Is he nervous or easily upset? _____

Is he now under medical care for any condition requiring medication? Yes: _____ No: _____

What is the condition? _____ Medication? _____

Has he been immunized against tetanus (Toxoid)? _____ When? _____

Has he been exposed to any contagious disease within the last three weeks? _____

Is there any physical disorder that might handicap this boy while taking part in the program? (If so please explain).

***Privacy Act Information:** American Legion Utah Boys State is asking you to provide the information on this form for medical treatment only. This information will not be shared except in order to gain adequate medical attention as needed.