



Health History Form Bluffdale City Youth Council Youth Information: -

Participant Name: _____

Date of Birth: _____

Age: _____

Medical Information:

1. Does the youth have any medical conditions or allergies? (Check all that apply)

Food allergy Insect allergy Latex allergy Asthma Diabetes Epilepsy
 Other (please specify) _____ (If you answered yes to any of these questions, you understand that you or the youth is required to prevent issues and to furnish and administer any required treatments or medications).

2. Is the youth currently taking any medications? (List medications and dosages)

3. Has the youth had any recent illnesses or hospitalizations? (List dates and conditions)

4. Medical Alerts:

- Is there any medical information that we should be aware of? (e.g. pacemaker, implantable device). Please specify _____

5. Immunizations:

- Is the youth up-to-date on all recommended immunizations? [Yes/No]

If no, please list missing immunizations: _____

Parent/Guardian Signature:

I have completed this health history form to the best of my ability. I understand that it is my responsibility to inform the Bluffdale City Youth Council of any changes to my child's medical information.

Signature: _____ Date: _____

Please return this completed form to the Bluffdale City Youth Council Liaison.