

**GREAT FUTURES START HERE.**



**BOYS & GIRLS CLUB  
OF FREDERICK COUNTY**

**COMPREHENSIVE HEALTH HISTORY**

Dear Parents and Members:

Completing this form will help us help you. Answers to the following questions will be used by Boys & Girls Club to help safeguard and promote the health of our Club members. Answers will be kept confidential.

Child's Name: \_\_\_\_\_ Dob: \_\_\_\_\_  
Address: \_\_\_\_\_  
School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, and the above parent/guardian cannot be reached, notify:

Name	Address	City/State	Telephone #

Medical care is paid for by (check one more):

Cash: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Medicaid: \_\_\_\_\_  
Other: \_\_\_\_\_

Part I. Illnesses and Injuries (Check those that apply): Chronic or recurring

- |                |          |
|----------------|----------|
| Ear Infection  | Epilepsy |
| Heart Disease  | Asthma   |
| Convulsions    | Diabetes |
| Kidney Disease | Fainting |
| Blackout       | Other    |
| Spells         |          |

Is your child now seeing a doctor or other health professional for a health professional?

Is your child now taking medicine prescribed by a doctor?

Has your child had any operations or serious injuries in the last three years?

Has your child been in the hospital or received treatment in the emergency room?

Is your child restricted from any school gym or physical activity?

Are there any health problems including physical, psychiatric, or behavioral problems which we need to be aware of? If so, please list and describe below:

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Are there any medications, allergies, dietary restrictions, or special needs that we need to be aware of to ensure that your child's club experience is positive? If so, please list below:

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Is this child exempt from any immunizations? If so, please list below:

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Please explain all yes answers and provide dates:

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Part II. Allergies (Check those that apply and specify what your child is allergic to):

Medicine	Specify _____
Insect	Specify _____
Food	Specify _____
Plants	Specify _____
Animal	Specify _____
Pollen	Specify _____
Other	Specify _____

Part III. Parental Permission

I am the parent/guardian of (name) \_\_\_\_\_ a child under the age of 18 years. I authorize the director of the Boys & Girls Club to allow medical assistance to my child in the case of injury. I further agree that neither Boys & Girls Clubs of America, nor any person associated with any Boys & Girls Club has any responsibility to me or my child/ward from any claims arising from any accident, injury, or illness that my child/ward may suffer as the result of any such healthcare or medical treatment.

Parent/Guardian: \_\_\_\_\_  
Signature & Date

Part IV. Permission to Dispense Medicine

**Only complete if your child needs to receive medication.**

I hereby give members of Boys & Girls Clubs Frederick County staff permission to administer medication to my child according to U1e instructions below:

**To be completed by child's doctor:**

Name of Medication: \_\_\_\_\_

Times of day to be given: \_\_\_\_\_

Method of giving dosage: \_\_\_\_\_

Amount of each dosage: \_\_\_\_\_

Medication to be given from: \_\_\_\_\_ to \_\_\_\_\_

Reason given:

\_\_\_\_\_  
Doctor's Signature/Date

\_\_\_\_\_  
Parent/Guardian's Signature/Date