

**The Club 420 Association  
Personal Health And Medical Form**

Please print or type.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_  
Phone \_\_\_\_\_

Home address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_

Business address \_\_\_\_\_ Town/City \_\_\_\_\_  
State \_\_\_\_\_

If the person named above is not available in the event of any emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_  
Phone \_\_\_\_\_

Health/Accident Insurance Carrier \_\_\_\_\_ Policy  
No. \_\_\_\_\_

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Medical information past or present (please check): yes[ ] no[ ]

Asthma	yes[ ] no[ ]	Heart disease	yes[ ] no[ ]	Leukemia	yes[ ] no[ ]
	]		]		]
Allergies	yes[ ] no[ ]	High blood	yes[ ] no[ ]	Cancer	—
	—]	pressure	—]		
Convulsions	yes[ ] no[ ]	Diabetes	yes[ ] no[ ]	Hemophilia	yes[ ] no[ ]
	]		]		]

Explanations: \_\_\_\_\_  
\_\_\_\_\_

Allergies:

Food      yes[ ] no[ ]      Plants      yes[ ] no[ ]  
Medicines — yes[ ] no[ ] — Insect bites — yes[ ] no[ ]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

\_\_\_\_\_

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? yes[ ] no[ ]

What? \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_