

2017-2018

The Powell House Youth Program
524 Pitt Hall Road, Old Chatham, NY 12136-3410
518-794-8811

HEALTH RECORD, EMERGENCY CONTACTS, AND PARENTAL PERMISSION FORM

As required by our local Department of Health, you must have this form filled out completely when you attend a Powell House youth conference. A completed form suffices for an entire program year (September to August).

A medical exam is not required to complete this form.

1. NAME _____

2. BIRTHDATE _____

3. ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

4. SPECIFIC PERMISSIONS

<i>I give permission to the Powell House staff to give my child over the counter medications as necessary (e.g. Tylenol, antihistamine, etc...)</i> Parent or guardian signature _____ Date _____	yes	no
<i>I give permission for my child to take homeopathic remedies.</i> Parent or guardian signature _____ Date _____	yes	no

5. PERSONS TO CONTACT IN AN EMERGENCY

Parent's name _____

Parent's name _____

Phone _____

Phone _____

If the parents are not available, please tell us who we should contact :

Name _____

Name _____

Relationship to youth _____

Relationship to youth _____

Phone w/area code _____

Phone w/area code _____

6. *In case the above-named persons cannot be reached, I grant permission for the Powell House staff to provide and/or obtain emergency treatment for this youth and to act "In Locus Parentis".*

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

The Chatham ambulance normally goes to Columbia Memorial in Hudson.
Depending on the circumstances and where you live, they *may* also go to Pittsfield or Albany for your convenience.
The medical professionals will make the final decision.

If my child has to be transported to a hospital, I prefer that they go to:

1. Columbia Memorial-Hudson, NY ____ 2. Pittsfield, MA ____ 3. Albany, NY ____

7. DATE OF LAST PHYSICAL EXAMINATION _____

PHYSICIAN'S NAME _____

ADDRESS _____

PHONE _____

8. GENERAL HEALTH: EXCELLENT _____ GOOD _____ POOR _____

9. ANY RECENT ILLNESS, DISEASES, PHYSICAL OR MENTAL IMPAIRMENTS? PLEASE EXPLAIN:

10. DATE OF LAST TETANUS IMMUNIZATION OR BOOSTER SHOT _____

11. PLEASE LIST ALL ALLERGIES (EVEN MINOR ONES – OF ANY KIND) AND **EXPLAIN DETAILS OF SEVERITY, MEDICATION AND EMERGENCY PROCEDURES:**

My child has an epi-pen in case of:

12. PLEASE LIST ALL MEDICATIONS (INCLUDING DOSAGE AND FREQUENCY) USED REGULARLY.

13. ARE THERE OTHER THINGS (E.G. STRONG FEARS, BED WETTING, RECENT CHANGES IN LIVING SITUATION) ABOUT WHICH STAFF SHOULD KNOW.

14. HEALTH INSURANCE INFORMATION

CARRIER _____ TYPE _____ ID# _____

Policy Holder name _____

15. PHOTO RELEASE PERMISSION

Powell House has my permission to use my child's photograph publicly to promote the youth program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media.

Parent or guardian signature _____ Date _____