# 2019 DakYouth Medical Information and Authorization Form

Please turn this form in to your church youth leader or chaperone

This form is **MANDATORY** and must be completed by all participants. It is **REQUIRED** to be in the possession of the church youth director/chaperone at the time of event check-in and the Statement of Agreement section below **MUST** be signed.

Name: _____ Date of Birth: _____
First Name Middle Initial Last Name

Home Address: _____ Cell phone: _____
Street Address

City: _____ State: _____ Zip: _____ e-mail: _____

1. All **Immunizations** required for school are up to date: □ **YES** □ **NO**
   a. Date of your most recent tetanus immunization (Month & Year)_____

2. **Nutrition** status/**dietary** needs:
   - □ I have no food allergies.
   - □ I am allergic to the foods listed below: _____
   - □ Describe symptoms and treatment if you are exposed to these foods below:

     _____

     _____

   □ I have the following **dietary restrictions**:

   _____

3. Please list **current medications** (prescribed and over-the-counter):

   _____

   _____

4. Do you have a **health condition** such as a chronic illness or a **special circumstance** that we should know about because it impacts your ability to participate in this program?
   - □ No, I am prepared to fully participate.
   - □ Yes, as explained:_____

5. **Emergency Contact** Information:
   a. Name of Individual: _____
   b. Relationship to you: _____
   c. Address: _____
   d. Preferred Phone: (____)_____ Alternate Phone: (____)_____

6. Things you should know about health services while you are at DakYouth:
   a. In case of an emergency, we will contact local ambulance or emergency services. It may take a while for an ambulance or emergency services to reach each location. Please contact your event leader for specific information.
   b. The Aberdeen Recreation and Cultural Center has three on-site AED units. They do not have portable oxygen available.
   c. Adult youth directors/chaperones/local church adult leaders are in charge of managing all medications for themselves and their participants. Please encourage participants to bring only what they anticipate needing during the event. Any/all personal medications must be stored securely while attending the event, either discreetly in a locked vehicle or in a designated space within the center. In the event of emergency, we advise each participant to come with a full list of medications currently being taken.
   d. There may be clinics, hospitals, and pharmacies available to you within close proximity of the event location. Please contact the campsite or event leader for specific information.

**Statement of Agreement**

I understand my health information will be shared with event staff on a "need to know" basis and that, as an adult participants retain primary responsibility for managing their health status while at this event. I agree to inform the event leaders of any changes that might impact my participation.

Signature: _____ Date: _____
Adult Participant or Minor's Guardian