

## Michigan Campus Compact (MCC) Health History Form

Please answer all questions thoroughly. This information is important for your safety. All information will be kept confidential unless needed in an emergency situation.

Program: 2007 MCC Service Leadership Camp School: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE CONTACT - Must be a parent or guardian if under 18

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

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Have you experienced any of the following:

|                             |                                      |                    |
|-----------------------------|--------------------------------------|--------------------|
| _____ Allergy to Bee Stings | _____ Bowel/Bladder Control Problems | _____ Hemophilia   |
| _____ Allergy to Medication | _____ Developmental Disability       | _____ Lung Disease |
| _____ Arthritis             | _____ Diabetes                       | _____ Seizures     |
| _____ Back Condition        | _____ Head Injury                    | _____ Strokes      |
| _____ Balance Problems      | _____ Heart Disease/Defect           | _____ Other        |

If you checked any of the above, please explain: \_\_\_\_\_

Medications used: Self Administered? \_\_\_\_\_ Yes \_\_\_\_\_ No

| Name | Dosage | Times | Purpose | Special Instructions |
|------|--------|-------|---------|----------------------|
|------|--------|-------|---------|----------------------|

Do you have any sensory, physical, or emotional disabilities? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you have any mobility impairment? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Allergic Reactions? \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

Other condition(s) we need to know of in case of an emergency? \_\_\_\_\_

I hereby grant permission to Michigan Campus Compact (MCC) to secure such medical aid and hospital services including anesthesia and/or operations which Michigan Campus Compact staff deem necessary for the individual noted on this release form in the event he/she should sustain an injury or illness while attending MCC activities. I have also indicated any medical information which your program should be aware of pertaining to my (my child's) physical and mental well-being.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (if over 18)  
or Parent/Guardian