Fit Club of Volusia

"We Care About Children"

Youth Annual Permission/Health Form

(Please print legibly in ink and sign form before returning it to office)

This Youth Annual Permission/Health Form is for all Fit Club of Volusia activities.

I understand it is my responsibility to notify Fit Club of Volusia in writing as to any changes in the status of my permission or my child's health history prior to their participation in any Fit Club of Volusia activities.

I give permission for my child to participate in all Fit Club of Volusia activities for the time period indicated, including those activities held away from the regular activity sites. I understand that Fit Club of Volusia will inform me as to off-site activities and locations prior to my child's participation.

I will be responsible for transportation to/from activities, or am willing to permit Fit Club of Volusia to select transportation methods for my child.

I will notify Fit Club of Volusia if the Emergency Contact will be away from usual phone contact while my child is participating in a Fit Club of Volusia activity.

Name of Participant_____ Date of Birth_____ Male( ) Female ( )
Home Phone_____E-mail_____School Grade_____
Address_____City_____Zip_____
Mother's Name_____ Father's Name _____
Occupation_____ Occupation_____
Work #_____Cell #_____ Work #_____Cell #_____
Emergency Contact (other than parent)_____Relationship to child_____
Cell #_____ Home #_____Work #_____
Name of Doctor_____ Phone _____
Name of Insurance Carrier _____ Phone _____
Should your child be restricted in/from any activity? Yes ( ) No ( ) If yes, please list:
_____
_____
_____ (Please attach a separate page if additional space is needed.)

Please complete the following questions about your child's health history. Circle "yes" or "no" and/or fill in the appropriate blanks.

Any recent exposure to contagious diseases? Yes No If yes, what disease? _____
When? _____

Any recent operations? Yes No If yes, give type of operation and date:
_____

Any recent serious injuries/illnesses? Yes No If yes, give description and date of injury/illness:
_____

List present medication and why medication is being taken:
_____
_____

Suffers from:	Asthma:	Yes	No	Lung Disease:	Yes	No	Epilepsy:	Yes	No
	Diabetes:	Yes	No	Takes Insulin:	Yes	No	Cardiovascular:	Yes	No
Chronic	Nose:	Yes	No	Throat:	Yes	No			
Infection of:	Ears:	Yes	No	Sinus:	Yes	No			
Subject to:	Fainting:	Yes	No	Headaches:	Yes	No	Hyperactivity:	Yes	No
	Nose bleeds:	Yes	No	Motion Sickness:	Yes	No			

Does your child have any type of allergies? If yes, please list: _____
Last tetanus inoculation date: _____
Any other additional information: _____

Signature of Parent (Guardian) _____ Date: _____