



Other pertinent health history: (check if applicable)

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|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Heart disease</li> <li><input type="radio"/> High Blood Pressure</li> <li><input type="radio"/> Pacemaker</li> <li><input type="radio"/> Congenital Heart Disease</li> <li><input type="radio"/> Asthma</li> <li><input type="radio"/> Chronic Cough</li> <li><input type="radio"/> COPD</li> <li><input type="radio"/> GERD</li> <li><input type="radio"/> IBS</li> <li><input type="radio"/> Kidney Disease</li> <li><input type="radio"/> Chronic UTI</li> <li><input type="radio"/> Migraines/Headaches</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Depression/Anxiety</li> <li><input type="radio"/> Epilepsy</li> <li><input type="radio"/> Cancer</li> <li><input type="radio"/> Allergies</li> <li><input type="radio"/> Eczema</li> <li><input type="radio"/> Visual issues</li> <li><input type="radio"/> Hearing issues</li> <li><input type="radio"/> Anemia</li> <li><input type="radio"/> Arthritis</li> <li><input type="radio"/> Diabetes</li> <li><input type="radio"/> Thyroid disease</li> <li><input type="radio"/> Irregular/painful menses</li> </ul> |
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Other information the advisors should be aware of for the health and welfare of you:

Any Physical limitations for which we will need to accommodate: \_\_\_\_\_

I also give my permission for a nurse or EMT to administer a standard dose of Tylenol \_\_\_ Ibuprofen \_\_\_ for minor discomfort. (please check off if allowed)

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In case of emergency please contact the following person for authorization for treatment:

Names \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Additional person to contact in case of an emergency:

\_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

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I certify that the above information is correct:

Signature of Adult \_\_\_\_\_ date \_\_\_\_\_

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I give my permission to allow photos of myself to be used for promotional or informational purposes on the website and Social Media maintained by IORG in NH.

YES ( )

NO ( )

(Understand that with our Youth Protection Policy only first names will be allowed to be used in any website or Facebook post. No tagging to photo will be allowed without further permission from adult involved)

Signature of adult \_\_\_\_\_ date \_\_\_\_\_