



Service-Learning Youth Council (SLYC) Orientation in Lansing



Confidential Medical History

Instructions: Please fill out both sides of this form, sign at the bottom, and return to the Michigan Community Service Commission by September 20, 2006. SLYC members will not be able to attend the Orientation if this form is not filled out and returned.

SLYC Member Information:

Name: _____ Age: _____ Circle: M / F

Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

In Case of Emergency, Please Notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Health/Hospitalization Insurance Information:

Please provide the following information about your family's health/hospitalization insurance.

Name of Insurance Company: _____

Address of Insurance Company: _____

City: _____ State: _____ Zip: _____

Subscriber Name: _____

Certificate/Policy Number: _____

Group Number: _____

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Health History (Please Check ALL That Apply):

Rheumatic Fever
 Asthma
 Epilepsy

Convulsions
 Diabetes
 Other: _____

Allergies (Please List ALL That Apply):

Medication (e.g. aspirin, penicillin, sulfa) _____

Plants (e.g. poison ivy, oak, sumac) _____

Food (e.g. shellfish, peanuts, milk) _____

Other _____

Precautions to Observe:

Medications (Please List Any Medication the SLYC Member is Currently Taking):

Drug	Purpose	Dosage

Medical Treatment Authorization

The Michigan Community Service Commission/meeting staff must have permission to provide routine non-surgical medical care for participants/staff. Permission is also required to secure certain services which MCSC/meeting staff are not equipped to perform. Such services are readily available at nearby community hospitals.

The authorization needed is for the use of these services when deemed advisable by the staff at the meeting. In the event of any other routine medical problems, we will advise parents/guardians immediately.

If under 18 years of age, the signature below must be that of the parent or guardian. If over 18 years of age, the SLYC member can sign for himself/herself.

I hereby give permission to the Michigan Community Service Commission/meeting staff to secure emergency medical and surgical treatment and routine non-surgical medical care for

_____ (SLYC Member Name).

Parent/Guardian Signature: _____ Date: _____