



Summer Institute

Health History and Examination Form

Return to:

Texas Council on Eco Ed
1801 Allen Parkway
Houston, TX 77019
Fax: (713) 655-1655

Personal Information

Date of Attendance _____

Name _____ Birth Date _____ Gender _____ Age _____
LAST FIRST INITIAL

Parent or Guardian (or Spouse) _____ Home Telephone _____

Home Address _____

Business Address _____ Business Telephone _____
NUMBER AND STREET CITY STATE ZIP

If not available, in an emergency notify:

Name _____ Relationship to Participant _____

Day Telephone _____ Evening Telephone _____

Insurance and Physician Information

Name of Insurance Company _____ Policy or Group # _____

Is this an HMO? Yes No Is this participant covered by Medicaid or any other government plan? Yes No

Name of dentist/orthodontist _____ Telephone _____

Name of family physician (if not examining) _____ Telephone _____

Health History

If applicable: give approximate dates; explain below.

Allergies

Disease

_____ Chronic/Recurring Illness	_____ Frequent Ear Infections	_____ Hay Fever	_____ Measles
_____ Surgery	_____ Heart Defect/Disease	_____ Ivy Poisoning, etc.	_____ Mumps
_____ Serious Injury	_____ Convulsions	_____ Insect Stings	_____ German Measles
_____ Eating Disorder	_____ Diabetes	_____ Penicillin	_____ Chicken Pox
_____ Emotional Difficulties	_____ Bleeding/Clotting Disorders	_____ Other Drugs	_____ Hepatitis
_____ Bedwetting	_____ Abnormal Menstrual History	_____ Food	_____ Asthma

Explanation(s): _____

Please notify us if this participant is exposed to any communicable disease during the three weeks prior to camp attendance.

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

PERMISSION FOR TREATMENT: I hereby give consent for the Entreprep Summer Institute at Houston, Texas to carry out accepted procedures for diagnosis, medical and minor surgical treatment to my son/daughter/ward. Such care and treatment shall include: treatment of injuries, illnesses and administration of medication orally or by injection.

Although every effort will be made to reach parents in the event of an emergency, there are occasions when this is not possible. Therefore, we request that you sign the following: Permission is hereby granted for emergency procedures, such as surgery, treating fractures and whatever anesthetics are deemed necessary.

Signature _____ Witness _____ Date _____