

**CALIFORNIA LEADERSHIP ACADEMY  
EMERGENCY HEALTH FORM**

*PLEASE COMPLETE AND RETURN AT REGISTRATION/ CHECK-IN*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(last) (first) (initial)

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent or Guardian Name: \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does student have insurance through parent employer? \_\_\_\_\_

If yes, name of Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Any history of health situations such as diabetes, orthopedic problems, asthma, epilepsy, cardiac problems, other?

Please note and specify: \_\_\_\_\_

Do we have your permission to administer to your child (please check): Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_

Has your child had a tetanus shot current to within six (6) years? \_\_\_\_\_

Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any of the clinic activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or other physical condition. Please write on reverse side of this form.

PARENT'S AUTHORIZATION: This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me. I give permission to the physician or hospital selected by a medical representative of the clinic to hospitalize, secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above.

\_\_\_\_\_  
Signature of parent or guardian Date

I certify as parent or guardian of the above named student that together we have reviewed all regulations pertaining to the camp and he/she understands that failure to abide by these regulations will result in immediate dismissal from the camp without refund.

\_\_\_\_\_  
Signature of parent or guardian Date

\_\_\_\_\_  
Signature of student Date

PLEASE LIST ANY MEDICATIONS STUDENT TAKES:

\_\_\_\_\_

THIS EMERGENCY HEALTH FORM MUST BE ON FILE WITH DON GUNDERSON ENTERPRISES IN ORDER TO AVOID ANY DELAY IN SITUATIONS REQUIRING MEDICAL ATTENTION OR INSTRUCTIONS.