

Health History Form
The Nutmeg Twisters Gymnastics
301 Soundview Rd.
Guilford, Ct 06437
(203) 453-3107

Name of Participant: _____ Date of Birth: _____ Sex: _____

Full home address: _____ City: _____ State: _____

Home phone: _____ PARENT/GUARDIAN NAME: _____

Relationship: _____ Address (if different than above): _____

Work Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____

Medical Insurance carrier: _____ Policy or Group #: _____

(Health insurance information must be filled out in order for child to participate)

Alternate contact in the event that the Parent/Guardian cannot be contacted during an injury or illness.

Name: _____ Relationship: _____

Address: _____ Phone: _____ Cell: _____

Does the participant have allergic reactions to:

Penicillin: _____ Yes _____ No Other Antibiotics: _____ Yes _____ No

Other Medications: _____ Yes _____ No (if yes please list) _____

Insect Bites/Stings _____ Yes _____ No (if yes please list) _____

Does the participant take medication on a regular basis? _____ Yes _____ No

(If yes please identify) _____

(Consent for medication administration requires signature below)

Has the participant had or presently experiencing: (mark with a Y for yes and N for no)

ALLERGIES _____	HERNIA _____
ASTHMA _____	HIGH BLOOD PRESSURE _____
BLEEDING DISORDER _____	JOINT INJURY/SURGERY _____
CANCER _____	KIDNEY DISEASE _____
COLITIS _____	MENSTRUAL DIFFICULTIES _____
DIABETES _____	MENTAL/EMOTIONAL PROBLEMS _____
EPILEPSY/SEIZURES/BLACKOUTS _____	NECK/BACK PAIN/ INJURY _____
HEART DISEASE _____	RHUMATIC FEVER _____
TURBERCULOSIS _____	ULCER _____
OTHER: _____	

Immunization Record

*MMR (measles, mumps, rubella) Dose 1 immunization at age 1: Yes _____ No _____

Dose 2 Immunization Yes _____ No _____

*Tetanus- Diphtheria: Yes _____ No _____ * year of last tetanus boost (must be within the last 10 years) _____

*Hep B Yes _____ No _____

Has participant ever had major surgery or been hospitalized? Yes _____ No _____

Please explain any significant operations, accidents, or illnesses, and last medical attention and reason:

Does the participant have any physical conditions requiring special consideration? Explain:

A physical examination within 24 months of the camp/event is recommended. Date of participant's last physical examination: _____

This health form is complete and accurate. The above participant is able to engage in all activities except as noted:

Signature of Parent/Guardian: _____ Date: _____