****

**HEALTH INFORMATION AND MEDICAL RELEASE**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent (guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, notify (someone other than yourself):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH HISTORY OF CHILD

Mark “past” or “now” or “never” each space:

\_\_\_\_\_\_ Sinus Trouble \_\_\_\_\_\_ Diarrhea \_\_\_\_Asthma

\_\_\_\_\_\_ Fainting Spells \_\_\_\_\_\_ Convulsive Disorder \_\_\_\_Diabetes

\_\_\_\_\_\_ Kidney Disease \_\_\_\_\_\_ Vision Problems \_\_\_\_Hay Fever

\_\_\_\_\_\_ Speech Problems \_\_\_\_\_\_ Hearing Problems \_\_\_\_ Nightmares

\_\_\_\_\_\_ Earaches \_\_\_\_\_\_ Blackouts \_\_\_ Heart Trouble

\_\_\_\_\_\_ Stomach Problems \_\_\_\_\_\_ Enuresis (bed wetting)\_\_\_\_ Insomnia

Any diagnosed physical or developmental disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any reactions to medication\_\_\_\_\_\_\_\_\_\_**

Current Medications and Reason for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the child immunizations shots up to date \_\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_\_

Special diet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operations or serious injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any major illness or hospitalizations during the past 3 years, Please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any conditions currently requiring regular medication or treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any activities that child should/could not participate in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier & ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release**

I hereby give permission for my child to attend activities with the Asian Adult Adoptees of Washington staff & volunteers. I understand that my child’s participation in the program is voluntary. I agree to be reachable at the phone number(s) listed above at all times while my child is participating in an AAAW event. I hereby give permission to AAAW staff and mentors to provide and administer immediate first aid and authorize a physician to secure proper treatment for my child in an emergency situation. I agree to forever release the AAAW and all of its offices, boards, committees, employees, agents volunteers from any and all liability, claims, rights of action and causes of action that may arise, directly or indirectly, from personal injuries to my child or property damage resulting from my child’s participation in the AAAW’s mentorship program. I affirm that I have read this Release and that I understand the contents of the form.

Parent/Guardian Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_