

# Oregon CYIA • Medical Questionnaire

Applicant Name

Age

Date

Medical Coverage for applicant:

Name of Insurance Company

Policy #

Note: CYIA Students are covered by accident insurance while at the CYIA Training School.

Date of last tetanus shot:

Is the applicant subject to:	Yes	No	Has the applicant had:	Yes	No
Asthma			Chicken Pox		
Hay Fever			Rheumatic Fever		
Epilepsy			Mumps		
Food Allergies List:			Rubella (German Measles)		
Allergies to medications List:			Measles		
Other allergies (flowers, grasses, etc.)			Serious reaction to bee sting		

Does the applicant have:	Yes	No
Diabetes		
Hypoglycemia		
Is the applicant on a special diet If so, what is it?		
Has the applicant had any illness requiring a visit to the doctor or hospital in the last 3 months? If so, what was the health problem?		

The nurse carries the following stock items. Please mark any you **do not** want your child to receive.

Aspirin	Aleve	Ibuprofen	Tylenol®	Tums®	Pepto-Bismol®	Throat lozenges (for sore throats & cough)
<b>Allergy relief:</b>	Decongestants	Cold syrups	Loratadine	Zyrtec®	Benadryl®	
<b>Skin ointments:</b>	Neosporin®	Hydrocortisone	Calamine	Sunscreen	Insect Repellant	

**Please send prescription drugs in original container with proper dosage and usage inscribed. Mark student's name with permanent pen on all inhalers.**

Please list any prescription drugs being brought by the applicant:

Name of Medication	What it is for:	Dosage & Directions

Note: If a participant has serious reactions to food or insect bites that require an Epi-Pen, please send with your student.

**I understand that if the applicant is sick over 36 hours, I will have to arrange for other transportation home. In case of medical emergency, I hereby give permission to the physician selected by the school nurse to secure proper treatment for my child as named on this form.** (You will be notified as soon as possible in case of serious injury or illness.) Note: on electronic forms, your typed signature carries the same weight as your written signature.

**Signature of parent or guardian**

Phone:

Address:

City/State/Zip

If unable to notify me in case of emergency, please contact: Name

Relationship to student:

Emergency Contact Phone: