

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)
Allergy relief:	Decongestants	Cold syrups	Loratadine	Zyrtec®	Benadryl®	
Skin ointments:	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: