

FORM B – PLEASE PRINT NEATLY AND RETURN

**GIRLS ON THE RUN® SALT LAKE COUNTY  
HEALTH HISTORY FORM  
SPRING SESSION February 27-May 19, 2012  
To be completed by a parent/guardian**

PARTICIPANT'S NAME: \_\_\_\_\_ SITE/ SCHOOL NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

PARENT/GUARDIAN PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

	YES	NO	(please check appropriate box)	YES	NO
Heart disease or heart problems			Orthopedic or muscular problems		
Stroke			Diabetes or abnormal blood sugar test		
Epilepsy or seizures			Asthma (If yes and your child uses an inhaler, please send one with your child to all practices)		
Hypertension – high blood pressure			Food or other allergies, please list:		
Any major health problems, please list:			Use of prescription drugs, if yes, please list:		

THESE ARE COMMON HEALTH PROBLEMS THAT ARE IMPORTANT TO BE AWARE OF SO THAT OUR EXERCISE ROUTINES WILL BE SAFE.

**Emergency contact(s) in case parent/guardian cannot be reached**

Name	Relationship to participant	Phone 1	Phone 2

**Who is your child's pediatrician/family physician?**

\_\_\_\_\_ Phone: \_\_\_\_\_

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:**

I hereby give permission to the medical personnel selected by GIRLS ON THE RUN SALT LAKE COUNTY® to provide transportation and obtain medical care for my child. In the event I cannot be reached and you are unable to reach my emergency contact, in an emergency, I hereby give permission to the physician selected by GIRLS ON THE RUN® to secure and administer treatment, including hospitalization for the person named above (GIRLS ON THE RUN® participant).

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date