

**Donald H. Eichhorn Middle School Ski Club  
Health History Form**

Skier's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Skier's Address \_\_\_\_\_

Skier's Home Phone: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Address: (if different) \_\_\_\_\_

Parent/Guardian Home Phone Number: (if different) \_\_\_\_\_

Other Phone # where Parent/Guardian can be reached during Ski Club Trips: \_\_\_\_\_

If parent/guardian is not available in emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Skier: \_\_\_\_\_

Does Skier have any know allergies?    Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Food allergies: \_\_\_\_\_ Other allergies: \_\_\_\_\_

Health History: (Check any that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Alcohol/drug addiction | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizure Disorder       | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Migraine Headaches     | _____  |

Please explain: \_\_\_\_\_

Is skier presently taking or using any type of medication(s) or drug(s)?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Will skier need to take or use any type of medication(s) or drug(s) on the dates of the ski trips?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe and complete the Self Administrating Medication Form (attached): \_\_\_\_\_

Is skier currently under a physician's care?    Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Is the skier current on all immunizations needed for school?    Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last Tetanus Inoculation: \_\_\_\_\_

Head and Neck Conditions: (Please check all that apply)

Head:     Fracture (skull or face)    Date: \_\_\_\_\_ Please explain: \_\_\_\_\_

Concussion(s)    Number of: \_\_\_\_\_ and date of most recent: \_\_\_\_\_

Unconsciousness    Date of most recent: \_\_\_\_\_

Other; Please Explain: \_\_\_\_\_

Neck:     Fracture    Date: \_\_\_\_\_ Please explain: \_\_\_\_\_

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Orthopedic Conditions: Has the skier ever had an injury or surgery to the following?

Please check all that apply. If yes, please explain:

Yes	No	
___	___	Foot_____
___	___	Ankle_____
___	___	Lower Leg_____
___	___	Knee_____
___	___	Thigh_____
___	___	Hip/Groin_____
___	___	Back_____
___	___	Ribs_____
___	___	Shoulder_____
___	___	Arm/Elbow_____
___	___	Wrist_____
___	___	Hand/Finger_____

Does the skier have any problems not previously mentioned that you feel the medical personnel should know about in the event of an injury?\_\_\_\_\_

\_\_\_\_\_

Family Doctor:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Family Dentist:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Family Medical Insurance: Yes\_\_\_ No\_\_\_ Name of Insured:\_\_\_\_\_

Health Insurance Provider:\_\_\_\_\_

Health Insurance Group No.\_\_\_\_\_

Health Insurance Policy Number:\_\_\_\_\_

Health Insurance Phone:\_\_\_\_\_

PERMISSION TO TREAT

I, (We) the parent/guardian(s), of \_\_\_\_\_, a student of Lewisburg Area School District, give permission for a physician or dentist to treat my/our son/daughter, because of an emergency situation caused by injury or illness while he/she is participating in a Donald H. Eichhorn Middle School Ski Club activity and I/We am/are not there to authorize treatment.

Signature of Parent/Guardian:\_\_\_\_\_ Date:\_\_\_\_\_