

FLORIDA FORENSIC INSTITUTE

Health History Form

Please return this form, with a photocopy of your insurance card, by July 10, 2010
To Florida Forensic Institute, 10000 Stirling Rd, Suite #1, Cooper City, FL 33024.

STUDENT _____ EVENT _____

Section I:

**Health Concerns: Does your child suffer from any of the following?
(please check the appropriate box and list the necessary treatment)**

Ear infection _____

Rheumatic Fever _____

Asthma _____

Convulsions _____

Diabetes _____

Heart Condition _____

Allergies

___ Hay Fever _____

___ Insect Stings _____

___ Penicillin _____

___ Aspirin _____

___ other _____

Please check the following that your child has had:

Chicken Pox

Measles

Mumps

Other _____

Section II: Please answer the following medical related questions, to assist us in seeking treatment for any illness or injury:

List any operations or serious injuries: _____

List any chronic illnesses: _____

SECTION III: Current Health Considerations.

List any prescription drugs student will need to take while at FFI:

(Remember that prescription medication must accompany student in the original container with the physician's orders on the label.)

List any special dietary concerns.

Has anything happened recently in your child's life that FFI administration should be made aware of?

Does your child have "activity" limitations?

If so, please advise our staff how you would like us to respond to those limitations.

Are there any other health concerns?

FFI administration may administer () aspirin () ibuprofen without contacting me.

No. Contact me before administering any medications.

CONSENT TO TREATMENT

I give Florida Forensic Institute permission to seek additional medical treatment for _____, if there is a medical emergency. **I further absolve**

Florida Forensic Institute, Inc., its officers, directors and agents, of any and all liability in connection with my child's medical treatment or condition.

Signature of Parent

Date

State of _____

County of _____

Executed before me this _____ day of _____, 2010.

(Seal)

Notary Public