

**Central Ohio Chapter -- Ohio Young Birders Club
Health History and Examination Form
For Youth and Adults Attending
Camps and Overnight Field Trips**

Name _____

Birth Date: mm/dd/yy _____

Home Address _____ Phone ____ - ____ - ____

Custodial Parent/Guardian _____

Address _____ Phone ____ - ____ - ____

Second emergency contact _____

Address _____ Phone ____ - ____ - ____

Relationship to participant _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to participant _____

Insurance ID number _____

Participant's Medical Information

Please list all known allergies, describe reaction and management of reaction

List any and all medication(s) being taken, or indicate

This person currently takes no medication on a regular basis

_____	_____
_____	_____
_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which we should be aware.

Please Complete and Return to: OYBC-Central Ohio Chapter, c/o Gerry Brevoort, OYBC Coordinator, 171 Erie Road, Columbus, OH 43214