

# 2019-2020

The Powell House Youth Program  
524 Pitt Hall Road, Old Chatham, NY 12136-3410  
518-794-8811

## HEALTH RECORD, EMERGENCY CONTACTS, AND PARENTAL PERMISSION FORM

As required by our local Department of Health, you must have this form filled out completely when you attend a Powell House youth conference. A completed form suffices for an entire program year (September to August).  
A medical exam is not required to complete this form.

1. NAME \_\_\_\_\_
2. BIRTHDATE \_\_\_\_\_
3. ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

### 4. SPECIFIC PERMISSIONS

<i>I give permission to the Powell House staff to give my child over the counter medications as necessary (e.g. Tylenol, antihistamine, etc...)</i>  Parent or guardian signature _____ Date _____	yes	no
<i>I give permission for my child to take homeopathic remedies.</i>  Parent or guardian signature _____ Date _____	yes	no

### 5. PERSONS TO CONTACT IN AN EMERGENCY

Parent's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

If the parents are not available, please tell us who we should contact :

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to youth \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Phone w/area code \_\_\_\_\_ Phone w/area code \_\_\_\_\_

6. *In case the above-named persons cannot be reached, I grant permission for the Powell House staff to provide and/or obtain emergency treatment for this youth and to act "In Locus Parentis".*

**SIGNATURE OF PARENT / GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

The Chatham ambulance normally goes to Columbia Memorial in Hudson.

Depending on the circumstances and where you live, they *may* also go to Pittsfield or Albany for your convenience. *The medical professionals will make the final decision.*

If my child has to be transported to a hospital, I prefer that they go to:

1. Columbia Memorial–Hudson, NY \_\_\_\_\_
2. Pittsfield, MA \_\_\_\_\_
3. Albany, NY \_\_\_\_\_

7. DATE OF LAST PHYSICAL EXAMINATION \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

8. GENERAL HEALTH: EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ POOR \_\_\_\_\_

9. ANY RECENT ILLNESS, DISEASES, PHYSICAL OR MENTAL IMPAIRMENTS? PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

10. DATE OF LAST TETANUS IMMUNIZATION OR BOOSTER SHOT \_\_\_\_\_

11. PLEASE LIST ALL ALLERGIES (EVEN MINOR ONES – OF ANY KIND) AND **EXPLAIN DETAILS OF SEVERITY, MEDICATION AND EMERGENCY PROCEDURES:**

*My child has an epi-pen in case of:*

12. PLEASE LIST ALL MEDICATIONS (INCLUDING DOSAGE AND FREQUENCY) USED REGULARLY.

\_\_\_\_\_  
\_\_\_\_\_

13. ARE THERE OTHER THINGS (E.G. STRONG FEARS, BED WETTING, RECENT CHANGES IN LIVING SITUATION) ABOUT WHICH STAFF SHOULD KNOW.

\_\_\_\_\_  
\_\_\_\_\_

14. HEALTH INSURANCE INFORMATION

CARRIER \_\_\_\_\_ TYPE \_\_\_\_\_ ID# \_\_\_\_\_

Policy Holder name \_\_\_\_\_

15. PHOTO RELEASE PERMISSION

*Powell House has my permission to use my child's photograph publicly to promote the youth program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media.*

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_