

PART III Health History

Section A Allergies

Penicillin / Sulfa / Eggs / Shellfish / Latex / Monoclonal antibodies / Anesthetics / Contrast dye / Blood products / Vaccines / Other: _____
 No known allergies

Section B Restrictions

No driving / No alcohol / No heavy lifting / No contact sports / No sexual intercourse / No hot tubs / No swimming / No sunbathing / No flying / No long distance travel / No other: _____
 No restrictions

PART IV Medication Information

No medications / Current medications: _____
 No medications

Name of Medication	Dose	Number of Times Per Day to Administer	Time of Day to Administer	Comments

PART V Consent for Emergency Treatment

I consent to emergency treatment / I do not consent to emergency treatment

Signature of Adult _____ Date _____

PART VI Photo Release

I consent to photo release / I do not consent to photo release

Signature of Adult _____ Date _____