

# MEDICAL HISTORY FORM

**THE UNITED SYNAGOGUE OF  
CONSERVATIVE JUDAISM  
FAR WEST REGION USY/KADIMA**

DATE \_\_\_\_\_

SYNAGOGUE/CHAPTER \_\_\_\_\_

**TO THE PARENTS:** The information on this form will be kept strictly confidential with access only to the Regional Staff and Certified Medical Personnel. Each USYer (including Kadimaniks) must file a medical history with the Regional Office every September. **It is the responsibility of the parent to notify the Regional Office of any changes that may occur after the history is submitted.**

USYer / Kadimanik \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_

Home Address \_\_\_\_\_  
Street and Number \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

RELATIONSHIP TO USYER \_\_\_\_\_

**Health History:** Has your child ever had or been diagnosed with:

ADD/ADHD	Yes _____	No _____	
Allergies	Yes _____	No _____	Specify _____
Asthma	Yes _____	No _____	
Aspergers/Autism	Yes _____	No _____	
Birth Defects/Developmental	Yes _____	No _____	
Cystic Fibrosis	Yes _____	No _____	
Diabetes	Yes _____	No _____	Type I _____ Type II _____
Eating/Weight Disorder	Yes _____	No _____	
Emotional Disorder	Yes _____	No _____	
Heart Defect/Disease	Yes _____	No _____	
Operations or Serious Injuries	Yes _____	No _____	
Neurological issues(including migraines)	Yes _____	No _____	
Physical limitations	Yes _____	No _____	
Seizures	Yes _____	No _____	
Other	Yes _____	No _____	Specify _____

Date of last Tetanus Booster: ( Td/Tdap) \_\_\_\_\_

Date of Meningococcal Vaccine: \_\_\_\_\_

Date of Chickenpox (Varicella) Vaccine or date of disease history \_\_\_\_\_

Disability or chronic/recurring illness \_\_\_\_\_

List any Medical Problems or Conditions that we should be aware of: (include any current medications):  
\_\_\_\_\_

List any recommendations or restrictions that we should be aware of:  
\_\_\_\_\_

List any allergies: (food, drugs, plants, insects, etc.)  
\_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Name of Medical/Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**THE INFORMATION ON THIS FORM IS ACCURATE, COMPLETE AND ALL-INCLUSIVE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE IMPORTANCE OF KEEPING THIS INFORMATION ACCURATE AND AGREE TO CONTACT THE REGIONAL DIRECTOR PRIOR TO ANY REGIONAL PROGRAM THAT MY CHILD WILL ATTEND IF THERE IS A CHANGE OF ANY KIND WHATSOEVER IN HIS/HER MEDICAL CONDITION.**

\_\_\_\_\_  
USYer/Kadimanik's Parent/Guardian Date USYer/Kadimanik's Parent/Guardian Date

# CONSENT, AUTHORIZATION AND RELEASE

DEPARTMENT OF YOUTH ACTIVITIES  
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM  
PACIFIC SOUTHWEST REGION

**FAR WEST REGION USY**  
**THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM**  
**TRANSPORTATION & MEDICAL FORM**

Please take a few minutes to complete this Transportation Consent, Medical Release and Medical History Form. This form must be submitted to the USY Regional office every September for each USYer/KADIMANIK in the Region. **No one will be permitted to attend Regional functions without this form on record.**

**ATTACH**  
**CURRENT PICTURE**  
**LESS THAN 2**  
**YEARS OLD**

## **TRANSPORTATION CONSENT**

I acknowledge and accept USY's policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I give permission for \_\_\_\_\_ ("my USYer/Kadimanik") to ride in a properly insured vehicle driven by a licensed driver over the age of 18. If there is a shortage of licensed drivers over the age of 18, I do \_\_\_ do not \_\_\_ (place your initials in desired space) give my consent for my USYer to ride with a licensed driver under the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do \_\_\_ do not \_\_\_ (place your initials in desired space) give my permission for my USYer, who does have a valid driver's license, to drive other USYers during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

## **MEDICAL RELEASE**

I consent and give permission for my USYer to attend and participate in all planned trips and activities arranged by Far West Region USY for which he/she is registered. I certify that my USYer is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent and at my sole cost and expense, to engage appropriate healthcare providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions.

## **RELEASE AND INDEMNIFICATION**

I expressly release and indemnify you, and hold you free and harmless, from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with acceptance and participation of my USYer in your scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.

\_\_\_\_\_/\_\_\_\_\_  
USYer/Kadimanik's Parent/Guardian (Signature)      Date      USYer/Kadimanik's Parent/Guardian (Signature)      Date

## **RELEASE OF NAME AND/OR IMAGE**

I/we give permission for my/our son/daughter to be photographed while participating in Kadima/USY events, and for such photographs to be used in various media publications and formats, including but not limited to web pages, newspaper articles, publications, and/or newsletters. I/We also agree to allow such photographs to be captioned from time to time with my/our son's/daughter's complete name.

**By my/our signature here, I/we serve notice that we do give permission for my/our son's/daughter's name and/or image used in any format or publication.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date