Medical Certification

Participant's Full legal name _____ Date of Birth _____

In the event of a medical emergency, access to the medical information contained herein may be critical in saving the Participant's life. You are encouraged to complete the Medical Certification as thoroughly and honestly as possible. If you need to supplement this Medical Certification with additional pages, please do so.

Insurance

Insurance Company _____ Policy # _____ Group # _____

Subscriber's name _____ Relation to participant _____

Subscriber's address, city, Zip _____

Emergency Contacts

Name of person(s) to contact in the event of emergency

Name _____ Phone _____ Relationship to participant_____

Name _____ Phone _____ Relationship to participant_____

Name _____ Phone _____ Relationship to participant_____

Participant's Doctor _____ Phone _____

Participant's pharmacy Name _____ City _____ State ____ Phone _____

Medical history

Previous surgeries _____ Hospital/provider_____ Date _____

Any issues with Anesthesia in the past? _____

Does the participant have any implanted medical device? _____

If yes, please elaborate? _____

Is there any relevant family medical history? _____

_____

Major medical concerns: The following is a representative sample of major medical concerns that may be relevant in emergency medical situations, please identify and explain any relevant conditions that the Participant has or had:

Anemia, Anxiety, Arrhythmia, Arthritis, Asthma, Birth defect, Blood disorder/clot, Bone/joint disorder, Bronchitis, Cancer, Chicken pox, Cirrhosis/liver, Colitis, Congestive heart failure, COPD, Crohn's disease, Deep vein thrombosis, Depression, Diabetes, Diphtheria, Diverticulosis, Eczema, Emphysema, Epilepsy, Eye/ear disorder, Genetic defects, gout, Hay fever/Allergies, Heart attack,Heart disease, Heart murmur, Hepatitis, High blood pressure, Jaundice, Kidney failure, Kidney stones, Lactose intolerance, Low blood pressure, Lung disease, Measles, Mental illness, Migraines, MS, MumpsMuscle disorder, Neuropathy, Osteoporosis, Parkinson' disease, Phlebitis, Pneumonia, Polio, Prostate disease, Rubella, Seizures, Skin disease, Sleep apnea, Stroke, Tetanus, Thyroid, disease, Tuberculosis, Ulcers, Other issues?

If you have any major medical issues, please elaborate _____

_____

_____

CURRENT MEDICATIONS:

Medication _____Dose _____Frequency_____

Medication _____Dose _____Frequency_____

Does the participant have any allergies to medications? yes ____ no ____

Does the participant have an allergy to latex products? yes ____ no ____

Does the participant have an allergy to any metals? yes ____ no ____

Can the participant swim at least 75 feet unassisted? yes ____ no ____

Has the participant ever sleepwalked? yes ____ no ____

What is Participant's dominant hand? right ____ left ____

Can the participant partake in rigorous, labor-intensive activities? yes ____ no ____

Does the Participant have a special diet or food allergies _____

If there is other medical information that you wish to disclose regarding the participant?

_____

_____

_____

I / We, the Legal Guardian(s) of the Participant, hereby certify that the information contained herein is accurate and true to the best of my knowledge. If any update needs to be made to this document, I agree to notify the MN Dist. and the A/G, through each's assigned AIM representative, at the earliest convenience. Further, if immunization records are required, I agree to supply those documents and incorporate such records into this Medical Certification by way of reference. Where this form was inadequate in providing enough space to provide sufficient description of the Participant's medical condition, I have supplemented it with all relevant information.

In the event that this Certification has not been filled out in a complete, accurate, or legible manner, this Medical Certification may—at the MN Dist.'s or the A/G's sole discretion—be supplemented with prior Medical Certification(s) provided for the Participant to the MN Dist. and the A/G.

Parent / legal guardian #1 Signature _____

Parent / legal guardian #1 Printed name _____ Date _____

Parent / legal guardian #2 Signature _____

Parent / legal guardian #2 printed name _____ Date _____

Parent / legal guardian #3 Signature _____

Parent / legal guardian #3 printed name _____ Date_____