

Full Name: _____ Sex: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Birthdate: _____ School Attending: _____

Age: _____ Indicate: Freshman, Sophomore, Junior, Senior

In Case of Emergency, please notify:

NAME: _____

Phone: _____ Relationship: _____

The Administration of Northside Hospital Cherokee needs written consent for VolunTeens to receive emergency treatment in the event of a serious illness or accident and you cannot be contacted.

Parent/Legal Guardian's Approval: _____

Relationship _____ Date: _____

MEDICAL HISTORY

1. List all drugs and medication the VolunTeen is presently taking:

| Drug | Dosage |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. List any allergies: _____

3. List any serious injuries, illnesses, surgeries or disabilities: _____

Parent/Legal Guardian's Approval: _____

DATE: _____