

**P.C.A. GIRLS ON THE MOVE**  
**Health History Form**  
**Fall 2009**

Girl's Name \_\_\_\_\_

Emergency Contacts:

1. Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please check if your daughter has any of the problems below and answer the following questions. These are common health problems that are important for our coaches to be aware of so that our exercise routine will be safe.

_____ High blood pressure/stroke	_____ Asthma
_____ Diabetes/abnormal blood sugar	_____ abnormal chest x-ray
_____ Emotional/behavioral problems	_____ Orthopedic/muscle issues
_____ Allergies	_____ other (please explain)

Is your daughter on any medications? (Please list)

\_\_\_\_\_

Is there any family history of the above illnesses? (Please explain)

\_\_\_\_\_

\_\_\_\_\_

Daughter's pediatrician/family physician: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

\_\_\_\_\_

Insurance Information

Carrier or Plan Name: \_\_\_\_\_

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

Carrier Address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

I hereby give my permission to the medical personnel selected by PCA representative to provide transportation and medical care for my child. In the event that I or my emergency contact cannot be reached, I hereby give my permission to provide medical treatment, including hospitalization, for my daughter named at the top of this page.

\_\_\_\_\_

Signature of parent/guardian

date