



# NECC Summer Enrichment Programming Personal Health and Medical Records

## Personal Health & Medical Records **Salud Personal & Informes Medicos**

*(Please note that this must be completed in full for the registration to be complete)*

*(Notarse por favor, que lo siguiente debe ser completado en su totalidad para completar la registro)*

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Name or Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### If parent/guardian listed above is not available in the event of an emergency, please notify:

Indica otra persona que podemos contactar en el evento de una emergencia.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Nombre de doctor

Número de teléfono

Name of dentist \_\_\_\_\_ Phone \_\_\_\_\_

Nombre de dentista

Personal Health/Accident Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Compañía de Seguros de Accidentes/Personales de salud

To my knowledge, my child's vaccinations are up-to-date and are on file at Webutuck CSD ( ) Yes ( ) No

### GENERAL INFORMATION - Check all items that apply, past or present, to your child's health history.

INFORMACION GENERAL – Elige todo que alica: pasado o presente: de la historia de salud de tu hijo(a).

ADHD/ADD ( ) Yes ( ) No	Heart Trouble ( ) Yes ( ) No	Learning Disabilities ( ) Yes ( ) No
ADHD/ADD	Problemas de Corazón	Dificultades de Aprendizaje
Asthma ( ) Yes ( ) No	Kidney Disease ( ) Yes ( ) No	Autism Spectrum ( ) Yes ( ) No
Asma	Enfermedad de Riñón	Espectro de Autismo
Cancer ( ) Yes ( ) No	High Blood Pressure ( ) Yes ( ) No	Allergies ( ) Yes ( ) No
Cancer	Presión Alta	Alergias
Seizures ( ) Yes ( ) No	Hemophilia ( ) Yes ( ) No	
Convulsiones	Hemofilia	
Diabetes ( ) Yes ( ) No	Behavior Issues ( ) Yes ( ) No	
Diabetes	Problemas de Comportamiento	

Other/Otros: \_\_\_\_\_

**List any medications (including asthma inhalers/epi-pens) scheduled to be taken during program:**

Indica cualquier medicaciones (incluyendo inhaladores para asma/epipens) programdo para ser tomado durante el programa. (A notar: Si tienes alguna medicación tienes que firmar la forma del consentimiento por escrito de meicamientos)

(Please note: If your child has an inhaler or takes medications on a regular basis you will need to complete the Written Medication Consent form included in this packet.)

**List any physical or medical conditions (including allergies and their manifestation) that may affect or limit full participation in our program:**

Indica cualquier conditioes fisicos o medicos (incluyendo alergias y sus manifestaciones) que puede afectar o limite la participaciones complete en nuetra programa. (A notar: sit u hijo(a) tiene alguna alergia o condition medica tienes que, firmar la forma del Plan de Atención de la Salud Individual.)

(Please note: If your child has a medical condition you will need to complete the Individual Health Care Plan form included in this packet. If your child has an allergy you will need to complete the Individual Health Care Plan form AND the Individual Allergy and Anaphylaxis Emergency Plan included in this packet.)

**List equipment needed such as braces, glasses, contact lenses, etc.**

Indica cualquier material como aparatos ortopédicos, anteojos, lentes de contacto, etc.