



# NAVY YOUTH PROGRAMS HEALTH INFORMATION

Please PRINT

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM DD YR

Sponsor's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**PHYSICAL CONDITIONS:** Please note any conditions which affect your child and symptoms to help us identify possible problems. Also please list any past (or current) medical problems that your child has had (or has) that we should be aware of?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

**Food Allergies:** \_\_\_\_\_

Symptoms: \_\_\_\_\_

Action to be taken by YP staff in event of onset: \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

Symptoms: \_\_\_\_\_

Action to be taken by YP staff in event of onset: \_\_\_\_\_

**Insect, Environmental or Other Allergies:** \_\_\_\_\_

Symptoms: \_\_\_\_\_

Action to be taken by YP staff in the event of onset: \_\_\_\_\_

Please answer the following (if YES and there are multiple choices please circle the appropriate one):

\_\_\_\_ Does your child have Asthma?  
YES NO

\_\_\_\_ Does your child have Diabetes?  
YES NO

\_\_\_\_ Is your child sun sensitive?  
YES NO

\_\_\_\_ Is your child ADD, ADHD or LD?  
YES NO

\_\_\_\_ Does your child have Seizures, Fits or Shaking Spells?  
YES NO

\_\_\_\_ Does your child have Speech, Hearing or Sight Limitations, tubes in ears?  
YES NO

\_\_\_\_ Does your child suffer from headaches or stomach aches?  
YES NO

\_\_\_\_ Does your child attend a special needs class in school?  
YES NO

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
Date

**PRIVACY ACT STATEMENT:**

AUTHORITY: P.L. 101-89 Sec. 1507 "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Departmental Regulations; E.O. 9397, and OPNAVINST 1700.9D "Child Development Programs."

PURPOSE: To provide Youth Program Services programs with authorization for medical treatment in emergency situations; identify children and sponsors; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other governmental agencies in the pursuit of their official duties relating to proper childcare. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary, however, failure to provide the requested information could result in denial of a child's admission to Youth Programs.