

STEP Member Emergency & Health Information:

Name: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____

Health History

Birth date: _____ Age: _____
Date of Last Tetanus Shot: _____
Allergies (include Penicillin): _____

Special Medication/Diet (all medication must be in an original container with Doctor's name on the label & attach diet instructions if necessary): _____

Limitations to Activities: _____

Medical Treatment within past year: _____

Check if Condition Exists:

- | | |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Bleeding/Clotting | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye, Ear, Nose, Throat |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Athlete's Foot |
| <input type="checkbox"/> Chicken Pox | |

List Disabilities: _____

Special Needs/Other: _____

In Emergency Notify: _____

Phone _____

Alternate Person: _____

Phone _____

Please include a copy (both sides) of your health insurance card & read and sign authorization on reverse side.

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Authorization & Consent to Health Care & Transportation

This health history is correct so far as I know, and the person herein described, _____ has permission to engage in all STEP program activities except as noted.

Authorization for treatment: I hereby give permission to the medical personnel selected by STEP Program Directors* to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected to secure and administer treatment, including hospitalization for the person named above.

This authorization shall remain effective until _____
Unless sooner revoked in writing.

Signature of STEP Member (or Parent/Guardian if younger than 18 years of age):

Date: _____

*STEP Program Leaders/Assistants include:
John & Dona Duckhorn
Richard & Nancye Yarrall
Bill & Angela Loudon
Tom & Norma Knox
Shawn & Dawnita Wicks

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