

**HEALTH RECORD FORM
JEWISH FEDERATION OF GREATER ANN ARBOR
STUDENT EXCHANGE**

To be completed by applicant's parent/guardian and returned to
Student Exchange, Jewish Federation, 2939 Birch Hollow Drive, Ann Arbor, MI 48108.

NAME OF APPLICANT: _____

NAME OF PHYSICIAN: _____

TELEPHONE(S): _____

OFFICE ADDRESS: _____
Number and Street City, State Zip Code

1. Please list any food to which the applicant is allergic. _____

2. Please list any medications to which the applicant is allergic. _____

3. Please list any medications or shots that the applicant takes regularly.

4. Will these medications be taken during the Student Exchange? _____
If yes, will the teen be responsible for administering these medications or do you want
the Student Exchange staff to administer? _____

5. Please list any restrictions on the applicant's physical activity. _____

6. Please list any dietary restrictions or special diet needs the applicant may have.

7. Physical problems do not necessarily disqualify an applicant from participation in the program. However, we must be aware of any problem in order to adequately assess qualification to participate and plan for the applicant's well-being on the trip.

Please list any physical problems of which our staff should be aware to insure the safety and comfort of the applicant on this program. _____

8. It is important that you let us know if the applicant has experienced any emotional or psychological difficulties in the past. Please be candid. Our policy is not to disqualify those with emotional problems so long as it is the opinion of the parents, doctors, and staff that the applicant can function on such a program as ours. An honest description of past, present, and potential emotional difficulties will be kept confidential and will enable our staff to work with the applicant should any problems arise.

A) Has the applicant ever had any psychological, drug/alcohol related problems? Please explain. _____

B) Has the applicant ever had psychological or drug/alcohol counseling or treatment? Please explain. _____

C) Has the applicant ever been hospitalized for emotional, psychological or drug/alcohol-related problems? Please explain _____

D) Has the applicant ever experienced an eating disorder of any kind? Please explain.

Parent/Guardian Authorization

This health history is correct, to the best of my knowledge, and my child has permission to engage in all prescribed activities, except as noted by me and the examining physician.

In the event of an emergency, after an effort has been made to contact the parents, guardian or listed emergency contact person, I hereby give permission to the physician selected by the Student Exchange supervisory personnel to hospitalize and/or secure proper treatment for my child.

Participant's Name

Parent/Guardian Signature

Date