



Health and Emergency Information For Youth Accompanied by an Adult In a Summer Family Program

Villager Name: _____

Birth Date: _____ Male Female

Custodial Parent/Guardian: _____

Preferred Phone: _____

Arrival Date: _____

About health services during this program:

- Accompanying parents/guardians are responsible for their child’s healthcare, including oversight and security of medication(s) brought to the program.
- Should this child need the attention of a physician, the accompanying adult is responsible for taking the child to be seen at a local clinic.
- Language Villages staff with basic first aid and CPR are on duty during family programs.

1. Date (month and year) of your child’s most recent tetanus immunization: _____

2. Is this child allergic to any food or medication? Yes No

If yes, name the item and indicate the reaction.

_____ Mild/Moderate Allergy
Anaphylaxis

_____ Mild/Moderate Allergy
Anaphylaxis

3. Does this child eat a vegetarian diet?..... Yes No

If yes, check the vegetarian diet followed:

No Pork	Lacto (no meats, fish, seafood or eggs)
Semi-vegetarian (no pork or beef)	Ovo (no meat, fish, seafood or dairy)
Pecso (no pork, beef, chicken)	Vegan (no meat, seafood, eggs or dairy)
Lacto-ovo (no beef, pork, chicken, fish, seafood)	

4. Does this child have asthma? Yes No

If yes, will your child carry a rescue inhaler during the Village program? Yes No

If yes, what triggers your child’s asthma?

5. Name of parent/guardian accompanying this villager: _____

6. List of medications that your villager takes on a routine basis..... This villager takes no routine medication.

a. Med: _____ Reason for taking this: _____

b. Med: _____ Reason for taking this: _____

7. Please write additional information about your child’s health that may impact his/her participation in the program:

Parent/Guardian Authorization

This information is correct and, based on program materials, I acknowledge that this child is capable of participation in Village activities except as noted on this form. I understand that the Language Villages staff will contact my child’s accompanying parent/guardian (a) in an emergency, (b) if questions about my child’s health may arise and/or (c) when my child is unable to continue because of injury or illness. Information on this form may be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____