

**FLORIDA JUNIOR/COMMUNITY COLLEGE  
STUDENT GOVERNMENT ASSOCIATION**

**FJCCSGA District One Leadership Retreat**

Oct. 16-18, 2009

Bonita Springs, FL

Hyatt Coconut Point

**PERSONAL HEALTH AND MEDICAL FORM**

**1. IDENTIFICATION:** Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Accident Insurance \_\_\_\_\_

Policy #: \_\_\_\_\_

**2. IN CASE OF AN EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City /State /Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Home \_\_\_\_\_

Personal Physician \_\_\_\_\_ Business Phone \_\_\_\_\_

**3. EMERGENCY MEDICAL INFORMATION**

Has or is subject to (check and give details)

\_\_\_\_ Allergy to medicine food, plant, animal, or insect toxin

\_\_\_\_ A condition that may require special care, medicine or diet

\_\_\_\_ Asthma \_\_\_\_ Convulsions \_\_\_\_ Heart Trouble \_\_\_\_ Contact lenses

\_\_\_\_ Diabetes \_\_\_\_ Fainting Spells \_\_\_\_ Bleeding disorders \_\_\_\_ Dentures

Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. PERSONAL OR PARENTAL STATEMENT (Yes or No)**

Has it ever been necessary to restrict applicant's activities for medical reasons? \_\_\_\_\_

Does applicant take regular medicine or have special care? \_\_\_\_\_

List medications currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To the best of my knowledge information on this form is true and accurate. I give my permission for full participation in the FJCCSGA retreat, subject to limitations noted herein. In the events of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.*

Applicants Signature \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

*Must be signed if participant is under 18 years of age*