



Rotary Youth Leadership Awards 2008

C/O Anchorage Youth Development Coalition
3350 Commercial Dr. Suite # 103 • Anchorage, AK 99501

Phone 907-388-1296 • Fax 907-277-4171 • E-mail info@RYLA5010.org • Web www.RYLA5010.org

NOTE: PHONE NUMBER IS A FAIRBANKS BASED NUMBER • FAX IS AN ANCHORAGE-BASED NUMBER.

MEDICAL INFORMATION & HISTORY

(Attached Additional Pages if Required)

1. Do you have any allergies (eg: Drugs, Foods, etc)? Please Explain _____
2. Are you taking any medications? Explain _____
3. Do you have any Chronic Illnesses (e.g. Diabetes, Epilepsy, Asthma, etc.)? Please Explain _____

4. Do you have any physical disabilities or conditions that might prevent you from any physical activities? Please Explain _____

5. Special Dietary Needs? Please Explain _____
6. Are you currently being treated by a physician? Please Explain _____
7. Do you have any other medical conditions? Please Explain _____

Parent or Guardian to contact in an Emergency-Phone _____

Address _____

Family doctor-Phone _____

Address _____

Health Insurance Provider (circle one) Blue Cross Blue Shield New York Life Mutual Omaha Other

- Provider Name (if not listed above) _____
- Phone number _____
- Primary Policy Holder Name _____
- Policy numbers _____

Secondary contact number in case we can not reach you in an emergency _____

Name & Relationship to teen _____

Youth Applicant Signature Date

Parent/Guardian signature Date

MEDICAL HISTORY - RYLA 2008 - FINAL.doc

THIS FORM IS: TO BE FILLED OUT AFTER THE TEEN HAS BEEN SELECTED TO ATTEND RYLA – THIS FORM IS CONFIDENTIAL AND IS ONLY FOR THE PARTICIPANT'S SAFETY - TO BE SUBMITTED WITH THE COMPLETED APPLICATION TO RYLA HEADQUARTERS.

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