

# teen lodging program

**All Teen Lodging participants must submit a completed Health History form by June 1, 2016 before being accepted into the Teen Lodging Program.**

Please mail completed form to USHI-Teen Lodging Program, 356 Quail Nest Circle, Farmington, UT 84025. OR scan and email the completed form to info@utahsuzukiharpinsistute.com.

|   |  |                    |      |                    |         |         |
|---|--|--------------------|------|--------------------|---------|---------|
| Student Name:                                   |  | M/F:               | Age: | Date of Birth:     | Height: | Weight: |
| Address:  |  | City:              |      | State:             | Zip:    |         |
| Phone Number:                                   |  | Email Address:     |      |                    |         |         |
| Parent/Guardian:                                |  |                    |      |                    |         |         |
| Home Phone Number:                              |  | Work Phone Number: |      | Cell Phone Number: |         |         |
| Email Address:                                  |  |                    |      |                    |         |         |
| 2 <sup>nd</sup> Parent/Guardian:                |  |                    |      |                    |         |         |
| Home Phone Number:                              |  | Work Phone Number: |      | Cell Phone Number: |         |         |
| Email Address:                                  |  |                    |      |                    |         |         |
| Emergency Contact (other than parent/guardian): |  |                    |      |                    |         |         |
| Phone Number(s):                                |  |                    |      |                    |         |         |

## Health History

**Provide dates of occurrence if the following apply:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> ADD/ADHD                    | <input type="checkbox"/> Ear infections    | <input type="checkbox"/> Hyper/hypotension   | <input type="checkbox"/> Pneumonia                 |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Eating disorder   | <input type="checkbox"/> Lyme Disease        | <input type="checkbox"/> Sinusitis                 |
| <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Measles             | <input type="checkbox"/> Sleepwalker               |
| <input type="checkbox"/> Bronchitis                  | <input type="checkbox"/> Fainting          | <input type="checkbox"/> Menstrual disorders | <input type="checkbox"/> Strep throat              |
| <input type="checkbox"/> Chicken pox                 | <input type="checkbox"/> German measles    | <input type="checkbox"/> Mononucleosis       | <input type="checkbox"/> Urinary tract infections  |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> GI conditions     | <input type="checkbox"/> Mumps               | <input type="checkbox"/> Vision/hearing disability |
| <input type="checkbox"/>                             | <input type="checkbox"/> Heart murmur      | <input type="checkbox"/> Pneumatic fever     |  |

List any conditions not mentioned above or give more information on conditions:

# teen lodging program

Please provide a list of current medications and dosages:

| MEDICATION | DOSAGE | HOW OFTEN? | PROBLEM BEING TREATED |
|------------|--------|------------|-----------------------|
|            |        |            |                       |
|            |        |            |                       |
|            |        |            |                       |

Please provide a list of any known drug allergies:  No Allergies

| NAME OF MEDICATION | TYPE OF REACTION |
|--------------------|------------------|
|                    |                  |
|                    |                  |
|                    |                  |

Is the student allergic to any non-medical items?  Yes  No  
 If yes, please specify:

Please list recent operations or serious injury:

Please list recent or current tendonitis, fractures, or other musculo-skeletal conditions:

Is the student under medical/psychological care?  Yes  No  
 If yes, explain:

## Immunization History

Please record the date (month and year) of basic immunizations and most recent booster doses.

| VACCINE                       | YEAR OF BASIC IMMUNIZATION | YEAR OF LAST BOOSTER |
|-------------------------------|----------------------------|----------------------|
| DPT                           | 1.<br>2.<br>3.             | 1.<br>2.             |
| Td (most recent date)         |                            |                      |
| MMR                           |                            |                      |
| Polio                         |                            |                      |
| Chicken Pox                   |                            |                      |
| TB (recommended)              |                            |                      |
| Mumps                         |                            |                      |
| Haemophilus influenza b (HIB) |                            |                      |
| Other                         |                            |                      |

# teen lodging program

## Medical Insurance Information

Name of Insurance Company: \_\_\_\_\_

Card or Policy #: \_\_\_\_\_

### VERIFICATION OF HEALTH HISTORY INFORMATION

I certify that information concerning my child's health history, including physical/psychological impairments, allergies and current medication are accurate as stated on this form.

I understand that I am responsible for medical costs not covered by insurance.

I will inform the staff with updated information if changes occur after sending in this form. I understand that withholding or giving inaccurate medical information necessary to my child's well-being may result in immediate dismissal without refund.

**All information is kept confidential and is given to teen lodge counseling staff on a need to know basis ONLY.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### GUIDELINES FOR TEEN LODGING REGISTRANTS

The following will result in immediate parental notification regarding disciplinary action and possible dismissal from the Utah Suzuki Harp Institute:

1. Boys in girls' sleeping rooms;
2. Girls in boys' sleeping rooms;
3. Smoking;
4. Use of illegal drugs or substances;
5. Illicit or wrongful use of legal drugs or substances;
6. Violation of curfew;
7. Leaving Utah State University campus without a counselor;
8. Disruptive behavior;
9. Absences from class/truancy.

The Director of Utah Suzuki Harp Institute shall have complete discretion as to any dismissal of a student from the Institute. In the event of any such dismissal, the student's parent or legal guardian understands and agrees that they shall be responsible for any and all costs required to transport the student back to his or her legal address. They further understand and agree that a student's dismissal from the Institute shall constitute a forfeiture of all tuition, costs, and registration fees paid.

I have read the above guidelines and agree to abide by them.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Please ENCLOSE PHOTOCOPY (front and back) OF MEDICAL INSURANCE CARD, and a current, close-up photograph of the student, such as a school picture.**

**Mail form to: USHI-Teen Lodging Program, 356 Quail Nest Circle, Farmington, UT 84025**