401 Isom Road, Suite 237, San Antonio, Texas 78216
Toll Free (800) 460-5494 ~ Fax (210) 524-9032

TEXAS YOUTH HUNTING PROGRAM HEALTH HISTORY

(Print and complete one form for each person attending hunt. Remember to bring valid Hunting License and appropriate tags or stamps when required. Also bring proof of Hunter Education.)

☐ Youth ☐ Accompanying Adult ☐ Volunteer (select one)

INSTRUCTIONS: Complete the entire form and bring with you to the youth hunt along with any medication you have.

Name and date of youth hunt _____

Name _____ Male ☐ Female ☐
Last First M.I.

Address _____
Street City State Zip

County _____ Date of Birth _____ Age _____

Parent or Guardian _____ Email Address _____

Home phone ( ) _____ Business phone ( ) _____

Relative/neighbor to be contacted in case parent or guardian cannot be reached in an emergency:

Name _____ Phone numbers ( ) _____
( ) _____
Name _____ Phone numbers ( ) _____
( ) _____

Are you physically challenged? If so, please explain: _____

SPECIAL MEDICATIONS are being sent with above-mentioned minor to meet his/her needs during the youth hunt. Yes ☐ No ☐
If yes, list name of drug(s) and/or medication along with name and phone number of prescribing physician, dosage, consumption rate and interval.
_____

Special dietary needs or food allergies* _____
HEALTH HISTORY: (Please check any of the following that apply.)
Frequent ear infections ☐ Heart defect/disease ☐ Convulsions ☐
Diabetes ☐ Bleeding/clotting disorders ☐ Asthma ☐
Hay fever ☐ Allergic to Insect stings ☐ Allergic to Penicillin ☐ ADD ☐

Other _____

Operations or serious injuries (include approximate dates) _____

Chronic or recurring illness _____

Family physician _____ Phone numbers ( ) _____
Are your immunizations current and on record at school? Yes ☐ No ☐
Date of last tetanus shot _____
*If you have a special dietary need or a food allergy, you should be prepared to furnish your own meals or supplement our menu as required. It is your responsibility to personally contact **Huntmaster** in advance regarding our menu.
08/26/05

Submit Clear