PLEASE ATTACH PHOTOGRAPH HERE

IEFLP STAFF MEDICAL HISTORY

Adult Form

If you are to attend and participate in the IEFLP Leadership Conference and training activities, you must complete this medical history form. **You cannot participate in any activities if this information is not returned to us.** Kindly supply all requested information.
Please attach your recent, clear head shot photograph at left. PLEASE TYPE OR PRINT.

Last Name	First Name	MI	Sex	Birthdate	Birthplace

Address	City	State	ZIP	Home Phone
				( )

Full Name of person to notify in case of emergency:	Relationship

Address	City	State	ZIP	Emergency Phone
				( )

Family Doctor	Doctor's Address	City	State	ZIP	Doctor's Phone
					( )

Medical Insurance Information

Policy Holder	Health Plan/Insurance Company

Policy Number	Expiration Date

1. If you do not have medical insurance, how do you get medical services?

2. Are you experiencing any of the following medical problems:

Asthma	**Yes** ☐	**No** ☐	Stomach Problems	**Yes** ☐	**No** ☐
Blood Disorders (Anemia)	**Yes** ☐	**No** ☐	Migraine Headaches	**Yes** ☐	**No** ☐
Menstrual Disorders	**Yes** ☐	**No** ☐	Seizure Disorder	**Yes** ☐	**No** ☐

3. Please list any other ongoing medical problems:

4. Do you have any allergies? (Medications, foods, bee stings, plants, Insect bites, etc.) Yes ☐ **No** ☐

To what? _____

Describe your reaction. (In your description indicate if it is mild, moderate, or severe.)

_____

How do you treat it? _____

Do you carry an EpiPen®? Yes ☐ **No** ☐

IEFLP STAFF MEDICAL HISTORY

Adult Form

(Continued)

5. Are you taking any medications prescribed by a doctor? Yes ☐ No ☐

Are you taking any other medications (including over-the-counter medications)? Yes ☐ No ☐

If you take any medications, please make a list of those medications (prescribed or over-the-counter) that you will be taking during the conference. Please attach a list to this form or list them on the back of this form. If you have an inhaler and a spare, be sure to bring them with you.

6. When was your last tetanus shot? Month _____ **Year** _____

Please attach a copy of your vaccination record. If record is not submitted, you cannot be accepted.

Tetanus shot is good for ten years. If not current, it **MUST** be updated. Contact us if you need a referral to a free clinic.

7. Do you have limitations to physical exercise? Please explain.

8. Please describe any special dietary needs.

9. Eating disorders can be detrimental to the health of a participant, particularly in the altitude and warm climate at the Conference. Some disorders such as anorexia cannot be accommodated at the Conference. For their personal safety, participants discovered to have eating disorders will be sent home.

Please initial here: _____

Staff Member's Signature	Print Name As Signed	Date

Inland Empire Future Leaders Program
Agreement & Medical Release
Adult Form

I, _____ will be participating in activities sponsored by the Inland Empire Future Leaders Program. In completing the required medical form, I have provided accurate and complete information about my medical record.

I hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act on my behalf in taking such action and securing and authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activities. I agree that Inland Empire Future Leaders, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

I agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by Inland Empire Future Leaders, whether or not such services are covered by insurance.

I agree to release and discharge Inland Empire Future Leaders, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with my participation in the leadership development, or 2) any cause beyond the control of Future Leaders Program, including but not limited to, natural disasters or civil disturbances.

I understand that the IEFLP Leadership Conference takes place at an altitude of 6000 feet. I further understand that the terrain is mountainous and hilly, requiring some hiking. I understand that at times I will engage in some strenuous physical activity. I am aware that I must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect my feet by wearing appropriate footwear (such as tennis shoes) at all times. I understand that I may be exposed to typical plants and insects found in a Southern California mountain forest environment.

Staff Member Agreement: I agree to abide by the rules, regulations and conditions set forth by the Inland Empire Future Leaders Program while participating. In completing the required medical form, I have provided accurate and complete information about my medical record.

_____ _____
Staff Member's Signature Date