



FAIRFAX COUNTY POLICE DEPARTMENT
Future Women Leaders in Law Enforcement

Health and Emergency Care Form
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Participant's Name: _____ Contact Phone: _____

Important – The following must be completed for attendance.

The following questions are in regards to the participant. The below information will be given to any EMT, paramedic or health care professional providing treatment. The form will also be given to a doctor if an emergency room visit is recommended. Please fill out the following questionnaire to the best of your knowledge and explain any medical conditions that your child may have, in full detail.

Medical History

Please indicate (circle one) yes or no for each condition. If yes to any conditions please explain below.

Has your child had any recent injury, illness or infectious disease? YES NO
If yes, explain: _____

Has your child ever been hospitalized and/or had any surgeries? YES NO
If yes, explain: _____

Does your child have any orthopedic problems (i.e.: bones, joints, ligaments and muscles)? YES NO
If yes, explain: _____

Does your child have any physical limitations, or wear orthopedic braces? YES NO
If yes, explain: _____

Does your child have a history of: (Please circle Yes / No)

Table with 6 columns: Condition, Yes, No, Condition, Yes, No. Rows include Asthma, Headaches, Ear Infections, Fainting Spells, Diabetes, Heart Trouble, Difficulty w/Digestion, Convulsions / Seizures.

If YES, to any of the above, please explain: _____



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Medical History – continued

Allergies:

Is your child allergic to any medications? YES or NO

If yes, please list medication and describe the reaction: _____

Is your child allergic to any foods? YES or NO

If yes, please list foods and describe the reaction: _____

Does your child have any special dietary needs? YES or NO

If yes, please explain: _____

Shots:

Does your child have their vaccinations on record at the school in which they attend? YES or NO

Please provide the date of the last **Tetanus Shot** (DPT or DT or DTaP): _____

Other Conditions: Are there any other medical conditions that are not listed above? ... YES NO

Please provide any additional information about the participant's behavior, physical, emotional, or mental health about which the camp should be aware: _____

Is your child on any medications that will need to be taken during program hours? (9:00 – 4:00) YES NO

If yes – please list the medication name and the time the medicine is to be taken: _____

Please Note Most medications require special certification to administer and may not be allowed.