NMX Medical History Form

Participant Information

First: _____ *Middle*: _____ *Last*: _____

Address: _____ *City*: _____, *NM. Zip Code*: _____

Has the participant had any one of the following (please check):

___Appendicitis	___Constipation	___German Measles	___Mumps	___Sinus Problems
___Allergies	___Diphtheria	___Hay Fever	___Nosebleeds	___Tonsillitis
___Asthma	___Ear Infections	___Headaches	___Rheumatic Fever	___Upset Stomach
___Bed Wetting	___Fainting	___Heart Problems	___Scarlet Fever	___Other
___Chicken Pox	___Frequent Colds	___Measles	___Serious Injury	

Please provide explanation of any health problems checked, including dates, hospitalization, & treatments:

_____

Medical treatment during the past year? ___Yes ___No Date:_____

Explantaion:_____

Is participant currently taking any medication? ___Yes ___No

I request that my child, _____ be allowed to take the following prescribed medication(s) while participating in trips with NMX. I understand my child must be able to administer his/her own medication(s). An *NMX Trip Leader* will carry the medication during the trip & will provide the medication described below at the appropriate time.

Prescription Drugs must be in original pharmacy containers & NMX Trip Leaders must be notified.

1. Medication:_____ Date of Prescription:_____

Dose Prescribed:_____ Time to Administer:_____

Reason for taking Medication:_____

2. Medication:_____ Date of Prescription:_____

Dose Prescribed:_____ Time to Administer:_____

Reason for taking Medication:_____

Permission to dispense Tylenol/Ibuprofen: ___Yes ___No

Parent/Guardian Signature: _____ **Date**: _____

NMX Representative: _____ **Date**: _____