

**HORIZONS FOR YOUTH HEALTH FORM**  
**Mandatory for all Participants (Doctor's signature not required)**  
**HEALTH FORM MUST BE RETURNED UPON REGISTRATION.**  
**-Please print legibly in black ink-**

Child's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Location (please circle all that apply):**    **Southside**            **Main**            **Monroe**

**PLEASE COMPLETE THE FOLLOWING AND PROVIDE ALL REQUESTED INFORMATION:**

Mother/Father/Guardian Name: \_\_\_\_\_ Daytime/Cell Phone: \_\_\_\_\_  
 Mother/Father/Guardian Name: \_\_\_\_\_ Daytime/Cell Phone: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Daytime/Cell Phone: \_\_\_\_\_

If someone other than a parent or guardian is picking up a student, you MUST provide a note.

***If you answer YES to any question, complete #6.***

1. Currently under physician's care: Yes \_\_\_ No \_\_\_
2. Current medications being taken: (List in #6) \* Yes \_\_\_ No \_\_\_
3. Were you ever advised not to allow this child to play in any sports? Yes \_\_\_ No \_\_\_
4. List any allergies including bee stings, hives, asthma, food, and medication: \_\_\_\_\_

5. Does your child have a documented disability? Yes \_\_\_ No \_\_\_

***If yes and You Will Be Requesting Reasonable Accommodations, you MUST contact NCC's Disability Services (610-861-5342). Parents will be required to complete an information form and provide current documentation of the disability. If your child will be accompanied by an attendant to classes and/or camp, you are responsible to obtain and submit all necessary documentation and clearances for all attendants by May 23, 2011 or 2 weeks prior to the start of class if you are registering after May 23, 2011. For a complete list of documents, visit [www.northampton.edu/youth](http://www.northampton.edu/youth).***

6. Please list any additional concerns, special needs or IEP information: \_\_\_\_\_

***\* If child takes medication during camp hours, you must complete a medication authorization form. See phone numbers below.***

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Northampton Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. Every attempt will be made to contact parents. I also authorize the emergency contact listed above to pick up my child in case of emergency. All information on this form is complete, true and accurate to the best of my knowledge.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***Health insurance coverage for child under family insurance policy:***

Insurance: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_  
 Agreement No: \_\_\_\_\_ Group No: \_\_\_\_\_  
 If medical assistance benefits apply, list hospital/clinic: \_\_\_\_\_

Pictures of the class may be taken during classroom activities, by the instructor or the media; which could be used on our web site, in our program booklet or by the media to market the Horizons for Youth program. If you do not want your child to be photographed, please sign below. Thank you.

**NO PHOTOGRAPHS SIGNATURE:** \_\_\_\_\_

**Questions? Call us!**  
**Main Campus and Southside: 610-861-4120 or fax 610-861-4575**  
**Monroe: 570-688-0836 or fax 570-688-9708**

**Return to: Horizons for Youth NCC**  
**Main campus and Southside address:**  
**3835 Green Pond Road**  
**Bethlehem, PA 18020**

Monroe address:  
**Fountain Court Plaza, Suite 5**  
**Rte 611**  
**Bartonsville, PA 18321**