

SUPPLEMENTAL HEALTH INFORMATION

Dear Parent:

In order to evaluate fairly every student applicant we need to know their medical, physical and mental health needs/conditions. This information will not disqualify an applicant in the North Star Rotary Youth Exchange program, and in most circumstances will not prevent participation.

However, we need to know if these conditions exist in order to make certain that appropriate measures are taken to place and care for your son or daughter, and to increase the likelihood of a successful experience.

Please answer the following questions, sign, and submit the form with the student's application.

Name of Student (Please print):

Is your son/daughter currently taking any medication(s)? Yes ____ No ____

If yes, please indicate medication and condition being treated:

Is your son/daughter a vegetarian? Yes ____ No ____

Does your son/daughter have special dietary needs? Yes ____ No ____

If yes, please explain: _____

Has your son/daughter been treated for any eating disorders (e.g. anorexia, bulimia)?

Yes ____ No ____

If yes, please indicate period of treatment: from _____ to _____

Has your son/daughter been treated for depression? Yes ____ No ____

If yes, please indicate period of treatment: from _____ to _____

Does your son/daughter have any known allergies? Yes ____ No ____

If yes, please indicate: _____

Are there any other medical, mental health, physical conditions, or any other diagnoses or Conditions which have been discussed with any family member and/or third party? Rotary's goal is for each student to have a successful experience, and we respectfully request that such information be disclosed. Yes ____ No ____

If yes, please explain: _____

Parent's Printed Name: _____

Signature: _____

Date: _____

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