

## SUPPLEMENTAL HEALTH INFORMATION

Dear Parent:

In order to fairly evaluate every student applicant, we need to know their medical, physical and mental health needs/conditions. This information will not disqualify an applicant in the Mountain & Plains 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), including birth control? 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: \_\_\_\_\_

Do you know whether your son or daughter is sexually active? \_\_\_\_\_

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:** \_\_\_\_\_

