Registrant's Name: _____ Date of Birth:_____

PART THREE: Health Insurance and Medical Information

DeMolay provides secondary health insurance only.
Please list your medical insurance below, *or indicate that you have no medical coverage*:

_____	_____	_____	_____
Insurance Company	Group No. (if applicable)	Policy Number	Subscriber's Name

<u>REQUIRED</u>: ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD TO THIS APPLICATION.

History: Please check the appropriate box if you've ever been treated for, or currently have, any of the following conditions:

	Asthma		**Hepatitis**		**Lung Disease**
	Bleeding Disorder		**HIV/AIDS**		**Seizure Disorder**
	Diabetes		**Hospital Admission (w/in 1 mo)**		**Sickle Cell Disease**
	Ear/Sinus Problems		**Hypertension**		**Sleep Apnea**
	Gastric Problems		**Implanted Medical Device**		**Stroke**
	Head or Brain Injury		**Kidney Disease**		**Surgery within the last year**
	Heart Disease		**Learning Disorders**		**Other (explain below)**

Explain the circumstances of any condition checked above:

Allergies: Please list any allergies (medication, food or environmental) and describe your typical allergic reaction if exposed to the allergen:

If you have an allergy, are you prescribed an epi-pen or other emergency medication? _____

Medications: Please list all medications you are currently taking, including dose and frequency/schedule. Please include inhalers, over-the-counter medications, vitamins and supplements. Please bring only the amount of medicine needed for the duration of the conference in appropriate labeled containers.

Name of Medication	Dosage	Frequency of Dose	Reason for Using

Immunizations: **<u>Required</u>** for all Registrants under the age of 24 by New Hampshire law

You must provide either a physician's/NP's/PA's signature below certifying that your immunizations, especially those for measles, are up-to-date, or a copy of your immunization records from your primary health care provider.

Signature:_____ Date: _____

Before August 17th | Dad Matthew DeFronzo, 9 Ashwood Road, Paxton, MA 01612 | M_defronzo@charter.net
After August 17th | 180 Lions Camp Pride Way, New Durham, NH 03855-6119 | 508.789.0815