ZII

BRIDGE BUILDERS

Zeta Iota Iota

Omega Psi Phi Fraternity, Inc.

Mentee Application Form

Please Print

Mentee Information

Name_____

Address_____

City_____ State_____

Zip_____

Date of Birth _____ Grade_____

Phone Number_____ Email

Address_____

How were you referred to us_____

Parent Information

Parent/Guardian's Name_____ Phone_____

Address_____ City_____

State___Zip_____

Work Phone _____ Alternate Phone(s) _____

Emergency contacts who may pick up the mentee:

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____

Mentee Signature _____ **Date**_____

Parent/Guardian Signature _____ **Date** _____

To the parent/guardian:

The health of the mentee is primarily the responsibility of his parents or guardians. Zeta Iota Iota Chapter strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as far as possible, that the participants are physically able to take part in activities.

Mentee's Name:_____
Mentee's Full Address:_____
_____
Phone Number:_____
Mentee's Birthdate:_____
Parent/Guardian's Full Name:
_____

Family Physician's
Name:_____
Physician's Phone Number_____
Family Medical/ Hospital Insurance Carrier:
_____
Policy/Group Number_____

Part 1: Illnesses and Injuries ***(Circle those that apply and give appropriate)***

Chronic or recurring Illnesses

Ear Infections Bleeding/Clotting Disorders Hypertension Asthma
Heart Defect/Disease Musculoskeletal Disorders Seizures Diabetes
Other:_____

Were any complicating medical problems noted in last health exam? If yes, please describe
_____

If your child needs any medications while at this event, please indicate the medicine, dosage and times to be given in space provided below (part 6). All medications must be in their original containers. Your signature here authorizes the adult in charge to administer such medications as indicated.

Parent/Guardian Signature:_____ Date: _____

Part 2: Allergies ***(Circle all that apply and specify nature of allergic reaction.)***

Animals_____ Hay Fever_____
Pollen_____ Food_____
Drugs_____ Insect Stings_____
Plants_____ Other *(specify)*_____

Part 3: Immunizations
Are all of the Mentee's immunizations up to date?
Yes _____ No _____ (*If not, please explain in Part 5)*

Date of last: DPT_____
Tetanus_____

Part 4: Other Health Conditions:
(Check those that apply)

Emotional Disturbance___
Fainting___ Hearing Impairment___ Dental Appliances___ Nosebleeds___ Motion Sickness___
Special Dietary Needs___ Wears glasses or contacts___ Sickle Cell Trait or Disease___

Other (*specify)*_____

Part 5: Notes ***(Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.)***	Part 6: Medication Directions: **Please give detailed directions for any medications to be given to your child. Include dosage and times.** I know of no reason(s) other than the information on this form, why my son should not participate in activities.

Parent/Guardian Signature
_____

PARENT AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT

In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) Zeta Iota Iota Chapter to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Mentee's Name_____
Parent/Guardian Signature
Address_____
Phone_____ Date_____