

Health Form

Name of Student _____ Date of Birth ____/____/____ Age _____
Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Sex _____ Height _____ Weight _____

Emergency Contact Person

Parent/Guardian Name _____
Address (if different from student) _____
City _____ State _____ Zip _____
Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Alternate Contact Person (Use someone near the primary contact)

Name _____ Relationship to student: _____
Address _____
City _____ State _____ Zip _____
Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No
Name of insurance company _____
Policy number _____ Group number _____
In whose name is the insurance in? _____
Family Doctor _____ City _____ State _____
Phone Number (____) _____

Note: If your child should require attention for injuries received or illness contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History

Pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

Any allergies? _____ If so, to what medications? _____
_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings
_____ Physical Handicap _____ Asthma _____ Frequent Stomach Upsets
_____ Epilepsy/Nervous Disorders _____ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) _____

Date of Last Tetanus Shot ____/____/____ Do you wear contact lenses? _____

Any swimming restrictions? _____ Yes _____ No If so, what? _____

Any activity restrictions? _____ Yes _____ No If so, what? _____

This health form will be used to provide necessary medical information in the event of an illness or accident. It is not a medical release form and does not give consent for treatment. A separate medical release and liability form must be submitted for each event/activity.

Signature of Parent/Guardian _____ Date ____/____/____