

YOUTH MINISTRY HEALTH FORM 2017/2018

One per student - please do not combine siblings

Student Name _____ Sex _____ Grade _____ Date of Birth ___/___/___

Address _____ City _____ Zip _____

Parent/Guardian Names _____ Home Phone _____

Parent/Guardian Names _____ Home Phone _____

Mother/Guardian Cell Phone _____ Father/Guardian Cell Phone _____

Emergency Contact (other than parent) _____ Phone _____

Physician _____ Phone _____

Hospital Preference _____ Ins. Provider _____

Policy # _____ Ins. Provider Phone _____

List any medications (prescription and non-prescription) currently taken by the student and include dosage.

List any allergies or any other special needs or concerns that will help us minister to your son or daughter safely and effectively.

Please check anything your child may be given by the program coordinator.

Acetaminophen _____ Ibuprofen _____ Benadryl _____ Other _____

In signing this form, I hereby certify that the above information is correct and give permission for my son/daughter to be transported in privately owned vehicles for medical emergencies (if needed) and the release of medical records to an attending health worker in case of illness.

In case of medical emergency, I understand that every effort will be made to contact the parent/guardian and/or emergency contact. In the event that none of the above can be contacted, I hereby give permission for a certified health professional and/or physician to secure proper treatment for my son/daughter.

Parent/Guardian - Print Name _____ Date _____

Parent/Guardian - Signature _____ Date _____