



MANDATORY HEALTH FORM

(Please Print)

Name of Student _____ Date of Birth _____ Age _____
Address _____ City _____
State _____ Zip _____ Phone # (_____) _____
Sex _____ Height _____ Weight _____ Social Security # _____

Emergency Contact Person:

Parent/Guardian Name _____
Address (if different than student) _____
City _____ State _____ Zip _____
Phone # (Cell) (_____) _____ (Work) (_____) _____

Alternate Contact Person (Use someone near the primary contact)

Name _____
Phone # (Cell) (_____) _____ (Work) (_____) _____
Address (if different than student) _____
City _____ State _____ Zip _____

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 # _____ Group # _____
In whose name is the insurance? _____
Family doctor _____ City _____ Phone # _____

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

Health History

List any pre-existing or present medical conditions: _____

List name and dosage of any medications that must be taken: _____

Any allergies? _____ To medications? _____ Hay Fever _____ Heart Condition _____

Diabetes _____ Insect stings _____ Epilepsy/nervous _____ Asthma disorders _____

Frequent upset stomach _____ Physical handicap _____

Any major illnesses during the past year? _____

If any of the above are checked, please give details (*for example, include normal treatment of allergic reactions*)

Date of last tetanus shot _____ Contact lenses? _____

Any swimming restrictions? yes___ no___ What? _____

Any activity restrictions? yes___ no___ What? _____

Parental Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the (name of the church or organization) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Asbury Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Signature of Student (*if over 18 years of age*) _____

Notarized