

HEALTH FORM

May use your Local Church form, if you have one
Please Print

Name of Youth _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Sex _____ Height _____ Weight _____
Social Security Number _____

Parent (s) Name _____
Address (if different from student) _____
Home phone _____ Work number (mother) _____ (father) _____
Cell phones _____

Alternate emergency contact: Name _____ Phone _____

Health Insurance information: **Include a copy of the health insurance card**

Name of company _____
Policy number _____ Group number _____
In whose name is the
insurance _____
Family doctor _____ Phone _____

Health History:

Medical conditions we need to know: _____

Allergies: _____

Present Medications _____

wear contacts? Yes No Date of last tetanus _____

I understand that in the event medical interventions is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent Signature _____

Date _____

For promotional and publicity purposes, I will allow my youth's picture to be taken and used.

Parent Signature _____ Date _____