



Health Form

Child's Name: _____ **Date of Birth:** _____

Allergies *Please list all known allergies*

Medication Allergies _____

Describe reaction and management of reaction _____

Food Allergies

Describe reaction and management of reaction _____

Other Allergies

Describe reaction and management of reaction _____

Current Medications _____

Reason/s for taking _____

Medical Conditions

Does the child have any medical conditions of which the Children's Ministry staff should be aware?

Please use this space to describe. _____

Restrictions *The following restrictions apply to this individual*

Please explain any activity restrictions (i.e. what cannot be done, & what adaptations or limitations are necessary)

(continue on the back)

Additional information

Please use this space to provide any additional information about the child's behavior and physical, emotional or mental health about which the volunteers should be aware. *The better informed our volunteers can be, the better they will be able to provide for the needs of your child.*

Family Doctor _____ Phone _____

Address _____

City _____ State _____ Zip _____

Family Dentist/Orthodontist _____ Phone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Authorization:

This health history is correct and complete as far as I know. The person herein described has permission to engage in all Children's Ministry activities except as noted.

I hereby give permission to the Children's Ministry staff to provide routine health care and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to the Children's Ministry staff to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____ Date _____

Printed Name _____