

Health Form

Faith Evangelical Free Church
Youth Ministries

(Please print)

Name of Student _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Sex _____ Height _____ Weight _____

SS# (Will be kept confidential; it is needed to prove identity should the student be unconscious and need medical care) _____

Parent/Guardian Name(s) _____

Address (if different from student) _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Cell Phone Number (_____) _____

Alternate Emergency Contact Person(use someone near the primary contact)

Name/Relation _____/_____

Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Cell Phone Number (_____) _____

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

Do you have health insurance? _____ Yes _____ No

Insurance Company _____

Policy Number _____ Group Number _____

Name of Policy Holder _____

Family Doctor _____ Doctor's Phone Number (_____) _____

Town _____

Health History

Pre-existing or present medical conditions _____

Name(s) and dosage(s) or any medication that must be taken _____

Hay Fever	Heart Conditions	Diabetes	Sensitivity to Insect Stings	Asthma
Seizures	Frequent Stomach Upsets	Physical Handicap	Epilepsy/Nervous Disorders	Any major illness during the last year
Medical Allergies (please specify)	Food Allergies	Other Allergies		

If any of the above apply, please place a check in the box and provide details below (i.e., normal treatment, warning signs, etc.) _____

Date of Last Tetanus Shot _____ Contact Lenses? _____ Yes _____ No

Any Swimming Restrictions _____
Any Activity Restrictions _____

Other comments or medical concerns that we should be made aware of _____

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

Parent Medical and Liability Release Statement:

**Faith Evangelical Free Church
Youth Ministries**

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

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Faith Evangelical Free Church, Stanley, through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Faith Evangelical Free Church, Stanley, 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 Faith Evangelical Free Church, Stanley, 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) _____