

# Beautiful Savior Lutheran Church

9800 SE 92<sup>nd</sup> Ave, Happy Valley, OR 97086

Youth Ministry Health History Form

(Expires 1 Year from Date Listed)



Student's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Grade \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_ Email \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

Father's \_\_\_\_\_

Name

Cell Phone

Home/Work Phone (Circle One)

Email

Mother's \_\_\_\_\_

Name

Cell Phone

Home/Work Phone (Circle One)

Email

Please list the names of two relatives, friends, or neighbors to be called if you cannot be reached in case of emergency.

Name	Relationship	Phone
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Please list your child's physician in case additional medical history is needed in the event of an emergency.

(Physician's Name)

(Phone)

(Health Insurance Plan Name)

(Primary Insured)

(Group #)

(Member #)

### Health History (Check box for yes, or fill in blank)

Heart Disease       Epilepsy       Convulsions       Diabetes       Glasses/contacts   
Rheumatic Fever       Asthma       Limb Braces       Dental Braces       Smoke Cigarettes

### Allergies

Hay Fever       Poison Oak       Food \_\_\_\_\_

Drugs \_\_\_\_\_      Insect Stings \_\_\_\_\_

Other \_\_\_\_\_

### Has your Child Had...(Check box for yes)

Chicken Pox       Measles       German Measles       Hepatitis

### Has your Child been vaccinated for...(Check box for yes)

Mumps       Measles       German Measles       Date of Tetanus booster \_\_\_\_\_

### Current Medication

Will your child be responsible for their medication?       May your child be given Tylenol/Ibuprofen for headache or minor injuries?

This health history is correct as far as I understand, and the person herein described, is free of potential health problems which might restrict his or her participation (except as noted). In the event I cannot be reached in an emergency, I hereby give permission to the physician, hospital, clinic selected by the youth leaders to treat, hospitalize, secure proper anesthesia, injections or surgery.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_