

# Health History Form

## Beautiful Savior Lutheran Church

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

(Expires 1 Year from date listed next to the signature of parent or guardian)

Student's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_  
(Father) (Mother) (Last Name) (Home Phone)

Father's \_\_\_\_\_  Texts? Mother's \_\_\_\_\_  Texts?  
(Work phone / Cell) (Work phone / Cell)

Home Address: \_\_\_\_\_  
(Street address / Apt. #) (City) (State) (Zip)

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	
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 \_\_\_\_\_

If invited by friend, name of friend \_\_\_\_\_ Your Child's cell phone \_\_\_\_\_  Texts?  
(Only used in case of emergency at events)