



Beautiful Savior Lutheran Church Mexico Mission Trip

Student Health History Form

(Effective June 17-24, 2023)

Student's Name _____ Sex: _____ Date of Birth _____

Parent or Guardian _____
(Father) (Mother) (Last Name) (Home Phone)

Father's _____ Mother's _____
(Cell Phone) ((Cell Phone)

Home Address: _____
(Street address / Apt. #) (City) (St.) (Zip)

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

Name **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)

Heart Disease Epilepsy/Seizures Asthma Diabetes

Allergies

Hay Fever Insect Stings Which insects: _____

Drug Allergies Which drugs: _____

Food Restrictions: _____

Has your Child Had...(Check box for yes) Mumps Measles German Measles Hepatitis

Has your Child been vaccinated for...(Check box for yes) Mumps Measles German Measles

Date of Last Tetanus booster (Every 10 years) _____

Current Medications _____

Other Health Issues _____

Will your child be responsible for their medication? Yes

May your child be given Ibuprofen for headache or minor injuries? Yes

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 Mission leaders to treat, hospitalize, secure proper anesthesia, injections or surgery.

Signature of Parent or Guardian _____ Date _____