



**Beautiful Savior Lutheran Church Mexico Mission**  
**Student Health History Form**

*(Effective September 10-17, 2022)*

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 \_\_\_\_\_