

Health History Form

VBS 2011

Child's Name: _____

Child's Grade Completed: _____

Are tetanus shots up to date? _____

Does the youth have any medical problems we should know about?

Is the child taking any medications which must be taken today? Yes () No ()
What is it & how is it given?

Does the child have any important allergies, such as:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Sulfa | <input type="checkbox"/> Other Medication |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Other allergies | | |

Are there any physical restrictions on the youth's activities? If so, please state them:

Any other comments which may be helpful:

Child's doctor's name _____ Phone _____

Medical insurance is with _____.

Insurance Policy or ID#: _____

In the event of medical or surgical emergency, after every reasonable effort has been made to contact me, my child's physician, or the emergency contact person, I do hereby grant my permission to the physician(s) selected by the Trondhjem Lutheran Church representatives and/or Immaculate Conception representatives to provide any treatment or procedure deemed necessary for the child.

It is understood that every effort will be made to protect and safeguard all youth. It is also understood that medical or hospital insurance is not provided by **Trondhjem Lutheran Church or Immaculate Conception Catholic Church.**

Parents Signature _____