

PENN VALLEY GRACE BRETHREN CHURCH
Mandatory Health Form

(Please Print)

Name of Student _____

Address _____ Date of Birth ____ / ____ / ____

Town _____ State _____ Zip _____

Phone # (____) _____ Sex _____ Height _____ Weight _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (If different from student) _____

Town _____ State _____ Zip _____

Phone# (Home)(____) _____ (Work) (____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____

Address _____

Town _____ State _____ Zip _____

Phone # (Home) (____) _____ (Work) (____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance ____ Yes ____ No

Name of Insurance Company _____

Policy # _____ Group# _____

In whose name is the insurance? _____

Family Doctor _____ City/Town _____ Phone# _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Please complete back side also.

Health History:

Any pre-existing or present medical conditions:

Name and dosage of an medications that must be taken: _____

Any Allergies? _____ Allergies to Medications? _____

___ Hay Fever, ___ Heart Condition, ___ Epilepsy/Nervous Disorders, ___ Asthma,

___ Frequent Stomach Upsets, ___ Diabetes, ___ Insect Stings, ___ Physical Handicap

___ Any Major Illnesses During the Past Year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last Tetanus shot _____ Contact Lenses? _____

Any swimming restrictions? ___ Yes ___ No What? _____

Any activity restrictions? ___ Yes ___ No What? _____

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Penn Valley Grace Brethren Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Penn Valley Grace Brethren Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Signature of Student (if over 18 years of age) _____