

2018 LBCRC MANDATORY YOUTH HEALTH FORM

Name of Student _____ Date of Birth _____

Address _____ Age _____

Town _____ State _____ Zip _____

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

School child attends _____ Current grade _____

Emergency Contact Person:

Parent/Guardian Name _____

Email _____

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 _____ 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.

Health History

Any Pre-existing or present medical condition:

Name and dosage of any medications that must be taken:

Any Allergies? _____

To Medications? _____

___ Hay Fever ___ Heart Condition ___ Diabetes ___ Insect Stings

___ Epilepsy/Nervous Disorders ___ Asthma ___ Frequent Stomach Upsets

___ Physical Handicap ___ Any major illnesses during the past year

If illness checked please explain _____

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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? ___ No ___ Yes What? _____
Any activity restrictions? ___ No ___ Yes 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 time by Long Beach Christian Reformed 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 Long Beach Christian Reformed Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian- print name: _____

Parent/Guardian Signature: _____

Parent Phone number: _____

Date _____ Student Signature (if over 18) _____

This form shall be in effect for one year after date signed by Parent/Guardian unless revoked sooner in writing.