



Is your child taking any medication now? Yes ( ) No ( )

If yes, please list: *(please not, all medication brought to \_\_\_\_\_ must arrive in its original container, with the name of the child and the medication listed on the container. All medication will be stored and administered by the Health Care Manager)*

Please let any medical problems about which we should know (i.e. chronic or reoccurring illness, seizures, behavioral, bed-wetting etc.):

Other comments or suggestions as we strive to provide the best possible care for your child:

Primary Care Physician \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Parental/Guardian Consent Statement:**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I give my permission to allow my child to participate in transportation for church sponsored events off of church property. I will hold the church harmless in any case of injury or illness. I will notify the Youth Director of any medical problems or restrictions prior to the program. **Authorization for treatment:** I hereby give permission to the medical personnel selected by the Youth Director to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Youth Director to secure and administer treatment, including hospitalizations, for my child as named above. Photos of this person may be used by the church.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Church Use Only:** Date: \_\_\_\_\_

Check In: \_\_\_\_\_ Comments: \_\_\_\_\_