

Bethany Lutheran Church Health Form and Release

Participants Name: _____

Birth Date: _____ Current Age: _____ Sex: _____

Parents/Guardians Name: _____

Home Phone: _____ Work Phone: _____

In Case of Emergency Notify:

Name: _____ Home# _____ Work# _____

Name: _____ Home# _____ Work# _____

Health History: Please write in approximate dates next to any that apply.

Convulsions _____	Asthma _____	Insect allergy _____
Diabetes _____	Mononucleosis _____	Drug allergies _____
Hypertension _____	Hay Fever _____	Epilepsy _____
Bleeding Disorders _____	Plant allergies _____	Heart problem _____
Frequent ear infections _____	Heart defect/disease _____	

List Allergies: _____

Dietary restrictions or special needs: _____

Operations or any serious injuries (dates) _____

Any health or activity restrictions for this youth? NO YES If yes, please note on a separate sheet.

Is this youth's tetnas and immunizations shots up to date? NO YES

Current Medications _____

Please list any other heath concerns or issues or details on a separate sheet and attach it.

Name of dentist _____ Phone _____

Name of orthodontist _____ Phone _____

Name of family physician _____ Phone _____

Insurance Company _____

Insurance Policy Number _____

Group Number _____

This health history is correct so far as I know. I hereby give permission to the medical personnel selected by Bethany Lutheran to supply all necessary treatment to above listed participant. I further agree to assume responsibility for the cost of any means of transportation related to medical care, and any medical care and acknowledge that these costs are the financial responsibility of the undersigned.

Signature of participant _____ Date _____

Signature of parent/legal guardian _____ Date _____

Please give an insurance card or a copy of that card to your youth to carry on their person at all times!

We will need this filled out by everyone. We update these on a yearly basis.

Thank you!