

**MEDICAL INFORMATION**

**June 1, 2011 – May 31, 2012**

Child's Full Name \_\_\_\_\_

Last

First

Middle

Sex **M** **F** Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

If not available in an emergency, notify: Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health History:**

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Medications \_\_\_\_\_ Other Allergies

Other Conditions: \_\_\_\_\_ Heart Condition \_\_\_\_\_ Stomach Problems \_\_\_\_\_ Physical Handicap

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Chronic Asthma \_\_\_\_\_ Epilepsy

If there is any other medical problems or physical restrictions that are not listed above that can prevent the child from participating in an activity, please list: \_\_\_\_\_

Do you have medical/health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Insurance Company: \_\_\_\_\_

Policy and/or Group #: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

**Parents, it is your responsibility to notify the ministry leader, in writing, about any medical history or insurance changes.**

Name and Phone # of Doctor: \_\_\_\_\_

Name and Phone # or Dentist/Orthodontist: \_\_\_\_\_

Indicate the date of this child's last tetanus shot: \_\_\_\_\_

Is this child on any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the medication/s: \_\_\_\_\_

If so, will this child be bringing to the Activity the medications that he/she should be taking? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe any dietary restrictions that this child is required to observe: \_\_\_\_\_

Other comments or suggestions from the parent or guardian concerning this child: \_\_\_\_\_

**My child has permission to participate in all prescribed activities of Heartland Community Church except as noted by me.** Please list any Activity/Activities which your child can not participate: \_\_\_\_\_