

2009-2010 Children's Ministry Health Form



The following health form must be filled out for each child by the parent or guardian, or the child cannot be a part of any CHILDREN'S MINISTRY ACTIVITY.

Child's Name: _____ Birth Date: _____ - _____ - _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Elementary School: _____ Grade: _____ Sex: _____

Mother's/Guardian's Name: _____

MOTHER'S INFO or Guardian:

Home Phone: _____ Address: _____

Work Phone: _____

Cell Phone: _____ E-mail: _____

Father's/Guardian's Name: _____

FATHER'S INFO or Guardian:

Home Phone: _____ Address: _____

Work Phone: _____

Cell Phone: _____ E-mail: _____

Date of last tetanus shot: _____ Food or drug allergies: _____

Please mark the following concerning your child: Diabetes Epilepsy Hearing Allergy
 Asthma Heart Vision Other

Explanation of other: _____

Note any handicap: _____

Child's doctor: _____ Phone: () - _____

Medical Insurance Company: _____

Address: _____ Phone: () - _____

Policy #: _____

Insurance Card Holder: _____ Group #: _____

In the event that a parent or guardian cannot be reached in an emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Children's Pastor or Activity Director to hospitalize, secure treatment for, and to order injection, anesthesia and/or surgery for the child named above.

Signature of Parent/Guardian: _____ Date: _____