Moyock Baptist Church Youth Health Form

This form will serve as a generic medical history and emergency treatment consent form for all off-premise youth events. The information will be held confidentially, and will be referred to by adult counselors only when your youth needs medical attention while on a church trip. Please update the form whenever your child's medical information changes. Please attach a copy of your health insurance card.

Name						
	First		Middle			Last
Home Address				Home Phon	e	
				Birthdate		
						Month/Day/Year
Parent's or Gud	ardian's Names (with	whom you	th resides)			
Father (Step-Father)				Cell or Work Phone		
Mother (Step-M	fother)			_ Cell or Wo	ork Phone	
In case of emerg	gency (and parents ar	e unavaila	ble), contact			
Name				P	hone	
Medical History	V					
Do any of the fo	ollowing conditions ap	ply to you	ır youth?			
Asthn	na		Diabetes			Heart Problems
Epile _l	psy		Fainting Spells			High Blood Pressure
Frequ	ent Headaches		Frequent Colds			Easily Sunburned
Frequ	ent Nose Bleeds		Frequent Upset	Stomach		Severe Menstrual Cramps
Does your yout	h have any known alle	ergies?				
Bee o	r Insect Sting		Penicillin			Grass, Dust, Etc.
Other	Drugs:					
Foods	s:					
Date of your ch	ild's last tetanus shot?					
Does your child	I have permission to ta	ke any of	the common pain	relievers liste	d below?	
Aspir	in		Tylenol (Acetan	ninophen)		Advil (Ibuprofen)
Is your child tal	king any prescription i	nedication	s on a regular basi	s?		
No						
Yes	Please explain:					

Has your youth ever had an operation or surgery?	
Appendectomy Tonsillectom	ny
Other:	
If so, did your youth have any difficulty with anesthesia?	
No	
Yes Please explain:	
Does your youth have any physical condition that would affect athletic games?	t his/her participation in routine physical activities or
No	
Yes Please explain:	
Doctors	
Primary Care Physician:	Phone:
Dentist:	Phone:
Other:	Phone:
Insurance	
Company:	Policy Number
Company:	Policy Number
IN CASE OF MEDICAL EMERGENCY, I understate parents or guardian. In the event I cannot be reached, it selected by the adult chaperones to hospitalize, secure anesthesia, or surgery for my child, as named above. I insurance papers for me for payment to doctor and host illness while on a church-sponsored trip. I understand following the date of my signature.	I hereby give permission to the physician proper treatment for, and to order injection, also authorize the adult chaperones to sign spital of all fees charged as a result of injury or that this authorization is valid for 12 months
Signed(parent or guardian)	Month/Day/Year
Notary Acknowledgment	
State of County of	
Personally appeared before me,acknowledged that he/she executed the within instrument for the purp	, with whom I am personally acquainted, and who
Witness my hand this day of	
Notary signature	