

**Bethel Grove Bible Church
Youth Ministry Health Form**

(Please Print)

Name of Student: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#(_____) _____ Sex: _____ Height: _____ Weight: _____

Emergency Contact Person:

Parent / Guardian Name: _____

Address: (if different from student) _____

City: _____ State: _____ Zip: _____

Phone # (Home) (_____) _____ (Work) (_____) _____

Alternate Contact Person (please use someone near the primary contact)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (Home) (_____) _____ (Work) (_____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes _____ No _____

Name of insurance company: _____

Policy #: _____ Group #: _____

In whose name is the insurance? _____

Family Doctor: _____ Phone # (_____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Any pre-existing or present medical conditions: _____

Name and dosage of any medication that must be taken: _____

Any allergies? _____ Allergic to Medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes

_____ Insect Stings _____ Epilepsy/Nervous Disorders _____ Asthma

_____ Frequent Stomach Upsets _____ Any major illness during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) _____

Date of last Tetanus Shot: _____ Contact Lenses? _____

Any Swimming restrictions? Yes _____ No _____ What? _____

Any activity restrictions? Yes _____ No _____ What? _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Bethel Grove Bible Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bethel Grove Bible Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent / Guardian Signature _____ Date _____

Please Print Name _____

Signature of Student (If over 18 years of age) _____ Date _____

Please Print Name _____