

MEDICAL HISTORY FORM

Child's Name _____ Age: _____ Gender: _____
Parent/Guardian Name: _____
Home Phone _____ Work _____ Cell: _____
Home Address _____ City _____ CA Zip _____
In Emergency, notify _____ Phone _____
Address _____ City _____ CA Zip _____
Relationship _____

Health History (Please last date as well)

Frequent Colds _____ Kidney Trouble _____ Chickenpox _____ Sinustis _____
Bedwetting _____ Measles _____ Mumps _____ Coughs _____
German Measles _____ Convulsions _____ Abscessed Ears _____
Athlete's Foot _____ Bronchitis _____ Sleepwalking _____
Whooping Cough _____ Fainting _____ Constipation _____
Polo _____ Nose Bleeds _____ Stomach Upsets _____
Rheumatic Fever _____ Tuberculosis _____ Serious Ivy, Oak or Sumac _____
Poisoning _____ Operation or Serious Injuries _____

Please explain _____

Allergic Reactions: Bee Sting _____ Penicillin _____ Other Drugs _____ Foods _____

Please list further allergy information on bottom of next side.

List all medications currently being taken: (include dosage)

List activities that are to be restricted, such as swimming, climbing, etc: _____

Medical Release Form

Should emergency medical treatment be necessary, I authorize the Representative of **North Industry Christian Church** to act on my behalf and approve appropriate treatment. I also release from any and all liability of **North Industry Christian Church** and it's board as well as any of the church staff, board, and adult sponsors, in the event of any accident in route, during, and returning from this event.

I hereby give permission to the nurses or physician selected by the **North Industry Christian Church** Leadership to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above as deemed necessary to avoid extreme or permanent physical damage or death.

Health Insurance Carrier _____

Policy Number _____ Name of Insured _____

Copy of Medical Card Attached _____ yes

Medical Dr. Name _____ Phone _____

Dentist Name _____ Phone _____

Parent/Guardian Signature

Date

Other Emergency Numbers you'd like to list:

Allergy Info or further medical explanations: