Health History form

for children and youth attending youth activities at
Lord of Life Lutheran Church.

Lord of Life Lutheran Church
PO Box 2740
Baxter, MN 56425
218-828-9374

The information on this form is gathered to assist us in identifying appropriate care for your young people during our youth activities. This is to be filled out by all parents who have young people involved in activities at Lord of Life. Hopefully, this will eliminate the need to fill out these forms each time we have an event that needs medical information. This form will be kept on file in the office. Thank you.

Student Information

Name _____ First _____ MI _____ Last

Address (or mailing label) _____ Street _____ City _____ Zip

Gender _____ Age _____ Grade _____ DOB _____

Custodial Parent(s)/Guardian Information

Name _____ Relationship _____

Address (if different from above) _____ Street
_____ City _____ Zip

Phone #s _____ Home
_____ Work
_____ Work
_____ Cell
_____ Cell

Emergency Contact

Name _____ Relationship _____

Phone #s _____ Home
_____ Work
_____ Cell

Insurance Information

Provider (ex. Blue Cross/Blue Shield) _____

Primary Card Holder _____ Relationship _____

Group # _____

ID # _____

Medical Information

Primary Physician _____ Phone _____

Clinic _____ Name _____ City

Primary Dentist/ Orthodontist _____ Phone _____

Clinic _____ Name _____ City

Permission to provide necessary Treatment or Emergency Care

I hereby give permission to the personnel in charge of any given event/activity to provide treatment as necessary, to release records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the personnel in charge: to secure and administer treatment including hospitalization for the person named above. I hereby release Lord of Life Lutheran Church from liability of injury or other loss or damage resulting from my child's participation in the events/activities at Lord of Life or events away from the church. This completed form may be photocopied for trips and activities at Lord of Life Lutheran Church.

Signature of parent (guardian) _____ Date _____

Health History

The following information must be filled in by the parent/guardian.
The intent of this information is to provide Lord of Life Lutheran Church the background to provide appropriate care.
Any changes to this form should be provided to the Church when needed.
Thank you for completing these forms so the church can aware of your child's needs.

Allergies

Please list all known

Medication allergies	Describe reaction/management of the reaction

Food allergies

Other allergies

(Include insect stings, hay fever, asthma, animal dander, etc.)

Medication

Name	Purpose for use

Inoculations

_____ Please check indicating that child is current with all required inoculations.

Use the space below to provide any additional information regarding the participant's behavior, physical, emotional, or mental health that staff and volunteers should be aware of.

_____
_____
_____
_____

Explain any restrictions to activity

_____
_____
_____
_____