

IMMUNIZATION RECORD

Tetanus DPT _____ Polio _____ Measles _____ Mumps _____ Other _____

ALLERGIES (attach sheet if explanations are necessary)

Medical Allergies _____ Hay Fever _____ Insect Stings _____

Asthma _____ Other _____

HEALTH HISTORY (attach sheet if explanations are necessary)

_____ Frequent Ear Infections	_____ Mononucleosis	_____ Measles
_____ Heart Defect/Disease	_____ Diabetes	_____ Mumps
_____ Convulsions	_____ Chicken Pox	_____ Ger Measles
_____ Bleeding/Clotting Disorder	_____ Hypertension	

CURRENT MEDICATION (if necessary, attach sheet to explain dosage and administration)

Operations, serious injury, chronic illness (attach sheet if necessary): _____

Activity Restrictions: _____

Dietary Concerns: _____

Please list any other information that may be helpful to the Youth Ministry staff and/or medical professionals:

NAME OF FAMILY PHYSICIAN _____ PHONE _____

PARENT/GUARDIAN AUTHORIZATION: I hereby give permission for my child to participate in activities sponsored by the Holy Trinity Lutheran Church and their Youth Ministry.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Holy Trinity Lutheran Church staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Holy Trinity Lutheran Church Youth Ministry staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied for use outside of church. This Health History and Emergency Authorization form shall remain in effect for one year from the date of execution.

SIGNATURE OF PARENT/GUARDIAN
OR ADULT PARTICIPANT _____

DATE _____