School Year 2017-2018 HOLY TRINITY LUTHERAN CHURCH YOUTH MINISTRY 605 W. Market St Leesburg, Va 22031 (703) 777-4912

HEALTH HISTORY & EMERGENCY AUTHORIZATION FORM

(To be completed by parent/guardian of those under 18 and by adult participants. Please complete both sides) This information will remain confidential and will not be used in any way other than to provide medical assistance to your child.

PARTICIPANT INFORMATION

NAME				
NAME First	М	iddle	Last	
ADDRESS Street	Ci	ity	State	Zip
DATE OF BIRTHAGE	E SEX: M H	SCHOOL		
PARENT/GUARDIAN NAME(S)				
ADDRESS				
Street HOME PHONE	С	ity	State _ FATHER (W)	Zip
	(Cell)		(Cell)	
In case of emergency, notify:				
NAME		PHONE (I	H)(W)	
ADDRESS				
RELATIONSHIP				
NAME		PHONE (I	H)(W)	
ADDRESS				
RELATIONSHIP				
INSURANCE INFORMATION	ON			
Health Insurance Company			Policy #	
Name of Insured		Where i	Where insured is employed	
Group Plan ID		Emplo	Employer (if Group Plan)	
Address for claims				

IMMUNIZATION RECORD Tetanus DPT Polio	Measles	Mumps	Other
ALLERGIES (attach sheet if explanati Medical Allergies	ons are necessary) Hay Fever	Insect	Stings
Asthma	Other	1110000	
HEALTH HISTORY (attach sheet if ex	planations are necessary)		
Frequent Ear Infections	Monor	nucleosis	Measles
Heart Defect/Disease	Diabet	es	Mumps
Convulsions	Chicke	en Pox	Ger Measles
Bleeding/Clotting Disord	er Hypert	ension	

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 _____