

First Christian Church of Pittsfield, Illinois

Youth Activities Health Form

I (we) the undersigned parent(s) or legal guardian(s) of

_____, DOB _____

a minor, residing at _____,

do hereby provide the following health information and history for my (our) child.

Is the child in general good health and able to participate in all normal age-appropriate activities? _____ Yes _____ No If no, please explain:

Date of last complete physical examination _____

Name of child's physician _____ Phone # _____

Blood Type if known _____

Health concerns

Allergies _____

Subject to: Asthma____ Convulsions/Seizures____ Skin Rash____

Fainting____ Migraines/headaches____ Nose Bleeds____

Chronic Illnesses/Conditions: _____

Dietary Restrictions: _____

Physical/Mental Limitations: _____

Emotional/Behavioral Disorders: _____

If child is taking medication, please state the drug, dosage, and periodicity (frequency) _____

I (we) understand that should an accident occur while engaged in, or en route to or from a church event, the church's insurance carrier will be the primary insurer. The church is insured by Grinnell Mutual Reinsurance Company, Policy 967945. The health/accident insurance company of the family would be a second insurer. My (our) child is insured by: _____ and the policy number is: _____ . A secondary insurer (dental/prescription) is: _____, number: _____.

Home Telephone:	_____	_____
	(Parent or legal Guardian)	(Parent or legal Guardian)
Cell number:	_____	_____
	(Parent or legal Guardian)	(Parent or legal Guardian)
Office number:	_____	_____
	(Parent or legal Guardian)	(Parent or legal Guardian)

Other emergency contact person and/or number: _____

Though understanding that the church sponsors will do everything possible to contact me (us), in case an accident, illness or injury does occur I (we) hereby grant permission for a representative of the church to act as our agent and use their judgement and discretion in obtaining medical care as they deem necessary to the welfare of my (our) child.

_____	_____
Parent or legal guardian	Date
_____	_____
Parent or legal guardian	Date

(Note: If parents have joint custody, form must be signed by both parents.)