

HEALTH FORM

Name of child _____ Date of birth _____

Address _____ Age _____

Town _____ State _____ Zip _____

Emergency Phone # _____ Home phone # _____

Parent/Guardian Name _____

Address if different than child _____

Town _____ State _____ Zip _____

Alternative Contact Person:

Name _____

Relationship to student _____

Contact # _____ Address _____

Do you have health insurance _yes _ no Name of insurance company _____

Policy Number _____ Group number _____

In whose name is the insurance _____

Family Doctor _____ City/Town _____

If your child should require medical attention due to a previous injury or illness, please send the necessary information so he/she can receive proper medical care while participating at the event.

Heath history: Pre-existing or present medical conditions _____

Any allergies? _____ to medications (please list) _____

___hay fever ___heart condition ___diabetes ___insect stings ___asthma___ Epilepsy ___ frequent

stomach upsets ___physical handicap

Every effort will be made to contact parent/guardian before seeking medical attention

Medication Authorization Form if applicable)

Reason(s) medication is to be given: _____

Name of Medication: _____

Dosage and time to be given: _____ Duration: _____

I, _____, the parent/legal custodian of _____, request that the Otley Reformed Church designee administer the above medication to _____ at the times indicated. I agree to furnish said medication. I understand and accept that the Otley Reformed Church, its employees or designees are not responsible for any effects the medication administered.

Date: _____

Signature of Parent/ Legal Custodian