

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 GuideOne Insurance Company, Policy 1405-853. 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.)