

**BENTON UNITED METHODIST CHURCH
HEALTH AND EXAMINATION FORM
For Children and Youth**

Name _____ Birth date _____ Age _____ Sex _____
Last First Middle

Address _____ Child/Youth Social Security # _____
(street, city, state, zip)

Father's Name _____ Home Phone _____ Work Phone _____
 Address _____ Cell Phone _____
(street, city, state, zip)

Mother's Name _____ Home Phone _____ Work Phone _____
 Address _____ Cell Phone _____
(street, city, state, zip)

In Emergency Notify _____ Phone _____
(If parent or guardian cannot be located)
 Address _____
(street, city, state, zip)

HEALTH HISTORY (check those that apply) – Attach additional sheets if necessary

<u>ILLNESSES</u>	<u>DISEASES</u>	<u>ALLERGIES**If yes, give full details</u>
Frequent Ear Infections _____	Chicken Pox _____	Hay Fever, etc. _____
Frequent Colds/Sore throat _____	Measles _____	Poison Ivy/Oak/Sumac _____
Sinusitis/Bronchitis _____	Mumps _____	Insect Stings _____
Strep Throat _____	German measles _____	Penicillin _____
Mononucleosis _____	Whooping Cough _____	Aspirin _____
Heart Defect/Disease _____	Tuberculosis _____	Other _____
Epilepsy/Convulsions _____	Polio _____	Food _____
Bleeding/Clotting Disorders _____	Diabetes _____	SUBJECT TO: Fainting _____
Hypertension _____	Asthma _____	Sleep Walking ___ Bedwetting ___
Stomach Problems _____	Arthritis _____	Constipation _____ Other _____

Can your child take Tylenol if needed? ____ Yes ____ No
 Other Diseases or details of above _____

Do you wear contact lenses? _____ Recent Exposure to Contagious Disease _____
 Operations or serious injuries (describe and give details) _____

Are Immunizations up to date? _____ If no, explain _____
 Date of last Tetanus shot _____

List any medication or drugs taken regularly (presently or recently) _____

Any swimming, diving, or activity limitation? _____

Any special activities to be encouraged? _____ Restricted? _____

Name of Family Physician _____ Phone _____

Address _____
(street, city, state, zip)

Other Information for Chaperones or Church Leaders _____

IMPORTANT – THE INFORMATION BELOW MUST BE COMPLETED FOR ATTENDANCE

The Health History is correct so far as I know, and person herein described has permission to engage in all prescribed activities, except as noted.

Emergency Authorization – I hereby give permission to the medical personnel selected the Camp’s Director/Nurse or by Benton United Methodist Church’s Staff or church leaders to order X-rays, routine tests and treatment for my child that he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health care professional selected the camp’s Director or Benton UMC staff or church leader to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child’s participation in any activity which they have any questions about for health or other reasons.

As the parent (or legal guardian), I undersigned, certify my child, named above, has my permission to participate in all activities, of any nature, sponsored by Benton United Methodist Church for the calendar year_____. I fully release Benton United Methodist Church, its authorized representatives, and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in our behalf against said church, representatives, or staff.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

I, _____, understand and agree to abide with the restrictions placed on my
Child’s Name activities by my Parent/guardian.

Signature of Child/Youth

State of Louisiana:
Bossier Parish:

Subscribed and sworn before me this _____ day of _____ 20_____

*Notary
Seal*

NOTARY PUBLIC

My Commission Expires? _____

INSURANCE

Name of Child _____

Insured name _____ Is this coverage for a dependent? _____

Address of Insured _____
(street, city, state, zip)

Name of Insurance Company _____ Policy Number _____

Group Number _____

Preauthorization Phone # _____

Address of Insurance Company _____
(street, city, state, zip)