

# Kenwood Baptist Church

## Mandatory Health Form

*(Please print)*

Name of student \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

### Emergency Contact Person:

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Parent/Guardian Address *(if different from student)*

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (Home (\_\_\_\_) \_\_\_\_\_) (Work) (\_\_\_\_) \_\_\_\_\_

### Alternate Contact Person (Use someone near the primary contact)

Name \_\_\_\_\_ Phone # (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes \_\_\_ No \_\_\_

Name of insurance company

\_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance?

\_\_\_\_\_

Family doctor \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_

*If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him or her proper medical care during his or her time with the youth ministry activity.*

## **Health History**

List any pre-existing or present medical conditions: \_\_\_\_\_

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List name and dosage of any medications that must be taken: \_\_\_\_\_

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Any allergies? \_\_\_\_ To medications? \_\_\_\_ hay fever \_\_\_\_ heart condition \_\_\_\_

diabetes \_\_\_\_ insect stings \_\_\_\_ epilepsy/nervous \_\_\_\_ asthma disorders \_\_\_\_

frequent upset stomach \_\_\_\_ physical handicap \_\_\_\_

Any major illnesses during the past year? \_\_\_\_\_

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

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Date of last tetanus shot \_\_\_\_\_ Contact lenses? \_\_\_\_

Any swimming restrictions? yes \_\_\_\_ no \_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? yes \_\_\_\_ no \_\_\_\_ What? \_\_\_\_\_