

Confidential Health History
You must provide a copy of your insurance card.
Each health history must be notarized.

Date: _____

Full Name _____ M F
Last First Middle

Date of Birth _____ Social Security # _____ - _____ - _____

Address _____
Street City Zip Code

Responsible party _____

Work Phone _____ Home Phone _____ Cell phone/pager _____

Other Responsible Party _____

Work Phone _____ Home Phone _____ Cell phone/pager _____

Family Physician _____ Phone _____

Address _____
Street City Zip Code

Insurance Company _____

Policy # _____ Group # _____

HEALTH HISTORY: Please fill out completely and give dates where known

Operations (within the last year) _____

Serious Medical Problems _____

Allergies _____

Allergy to drugs (please specify) _____

Any special health problems in the past? _____

Tetanus (last injection) _____ Allergic to Tetanus Yes No

Emotional Problems (i.e. hyperventilation, hysteria) _____

-Over-

Any medication you are using including prescription and non-prescription drugs _____

_____ *All medication that you will be bringing with you needs to be labeled and checked in with the other leaders, so that they are aware of medications in case of an emergency. You may have prescription and non-prescription drugs in your possession, but the leadership must know about it.*

Are you under medical treatment at this time? Yes No Reason _____

_____ Date of last physical _____

Any medically prescribed meal plan or dietary restrictions? Yes No If yes, please explain: _____

Emergency Authorization for Treatment: I hereby give my permission to the leadership of Presbyterian Church of the Covenant to order X-rays, routine tests and treatment; to release any records necessary for treatment or insurance purposes; and to arrange necessary related transportation for me in the event of an emergency. I hereby give my permission to the physician/medical facility selected by the leadership of Presbyterian Church of the Covenant to hospitalize, secure necessary and proper treatment for, and to order injection and/or anesthesia and/or surgery for me.

Signature

Date

This form is not complete unless the Authorization and Release page has been signed and both signatures have been notarized

Authorization, Waiver and Release

Name _____

I hereby consent for my participation in all youth activities of Presbyterian Church of the Covenant ("Church") and waive and release "Church" from any and all claims, costs, liabilities, expenses, decrees of judgements, including attorney's fees and court costs arising out of my youth's participation in any youth activity sponsored by "Church", or any accident, illness, or injury resulting therefrom, or in travel to or from such participation and hereby agree to indemnify and hold harmless "Church" from and against any and all such claims.

As used in this authorization and release the term "Church" shall be understood to include, not by way of limitation, all paid and unpaid staff, committees, boards, session, and membership.

I further give consent for any adult leader of any youth activity sponsored by "Church" to secure emergency and surgical treatment for my child which may be considered to be necessary in the situation in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

This waiver, release and authority shall be valid for any youth activity in which my child participates unless revoked in writing prior to the date of that activity.

Signature

Date

Please do not write below this line.

Notarization Information

The above signature and the signature on the health history form have been witnessed by me on this date

_____ 20__

My commission expires _____ 20__

Signature

SEAL