

Emmanuel Reformed Church
CHILDREN'S & STUDENT MINISTRIES
Mandatory Health Form

2024

Grade: _____

Age: _____

(Please Print)

Name of Student _____ Date of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Student Phone # (____) _____ - _____ Sex _____ Height _____ Weight _____

Student Email: _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Phone #(Home)(____) _____ - _____ (Work) (____) _____ - _____

Cell Phone # (____) _____ - _____

Email: _____

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

Name _____

Address _____

City _____ State _____ Zip _____

Phone #(Home)(____) _____ - _____ (Work) (____) _____ - _____

Email: _____

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/Town _____ 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/her proper medical care during his/her time with the youth ministry activity.

Continue on the back

Health History

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken

Any allergies? _____
to Medications? _____

_____ Hay fever _____ Heart Condition _____ Diabetes _____ Insect Sting
_____ Epilepsy/Nervous Disorders _____ Asthma _____ Frequent stomach upsets
_____ Physical Handicap _____ Any major illnesses during the past year _____

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) _____

Date of last Tetanus shot _____ contact Lenses? _____

Any swimming restrictions? _____ No _____ Yes What? _____

Any activity restrictions? _____ No _____ Yes What? _____

Do we have permission to give your child regular strength Tylenol?

Yes _____ No _____ Dosage _____

Parent Medical and Liability Release Statement:

*I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. *I understand all reasonable safety precautions will be taken at all times by Emmanuel Reformed Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Emmanuel Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Date _____ Student Signature (if over 18) _____

This form shall be in effect from **January 1, 2024—December 31, 2024** unless revoked sooner in writing.