

FRAZER MEMORIAL UNITED METHODIST CHURCH
HEALTH HISTORY AND EXAMINATION FORM
For Children and Youth

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

Address _____
 (Street, City, State, Zip Code)

Father's Name _____ Home Phone _____ Work Phone _____

Address _____ Cell Phone _____ Beeper No _____
 (Street, City, State, Zip Code)

Mother's Name _____ Home Phone _____ Work Phone _____

Address _____ Cell Phone _____ Beeper No _____
 (Street, City, State, Zip Code)

In Emergency Notify _____ Address _____ Phone _____

(If Parent or Guardian cannot be located)

HEALTH HISTORY (Check those that apply)

(Attach addition sheet if necessary)

Diseases

Allergies* If yes, give full details

Frequent Ear Infections _____ Chickenpox _____ Hay Fever, etc. _____

Frequent Colds/Sore Throats _____ 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:** SleepWalking _____

Hypertension _____ Asthma _____ Fainting _____ Bedwetting _____

Stomach Problems _____ Arthritis _____ Constipation _____ Other _____

Can your child take Tylenol? _____ Yes _____ No

Other Diseases or Details of Above _____

Do you wear Contact Lenses? _____ Recent Exposure to Contagious Disease _____

Operations or Serious Injuries (describe & give dates _____

Are Immunizations up to date? _____ If no, explain _____

Date of Last Tetanus Shot _____ Date of Last TB Skin Test _____

Any Swimming, Diving, or Activity Limitations? _____

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

Any Special Medical or Dietary Regime to be Continued? _____

Any Specific Activities to be Encouraged? _____ Restricted? _____

Name of Family Physician _____ **Address & Phone** _____

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 by the Camp’s Director/Nurse or by Frazer Memorial 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 by the camp’s Director or Frazer Memorial staff or church leaders 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. I also give my permission for camp or church leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Frazer Memorial United Methodist Church for the calendar year 2010. I fully release Frazer Memorial 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.

_____ Date _____
Signature of Parent/Guardian

_____ Date _____
Signature of Parent/Guardian

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

Signature of Child/Youth Participant

State of Alabama:
County of Montgomery:

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

*Notary
Seal*

NOTARY PUBLIC

My Commission Expires: _____

INSURANCE

Name of Child _____

Insurance issued in the name of: _____ Is this coverage for a dependent? _____

Address of Insured: _____
Street or Box City State Zip

Name of Insurance Company _____ Policy # _____
Group # _____

Address of Insurance Co _____
Street or Box City State Zip

Preauthorization Phone # _____