

**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 2012. 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: \_\_\_\_\_

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**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 # \_\_\_\_\_