

**Monroe United Brethren Youth  
2012-2013 Mandatory Health Form**

Please Print

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_  
Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Social Security # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person:

Parent/Legal Guardian \_\_\_\_\_  
Address (if different from youth) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_  
Cell Phone # (\_\_\_\_) \_\_\_\_\_

Alternate Contact Person:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_  
Cell Phone # (\_\_\_\_) \_\_\_\_\_

Insurance Information

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 insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

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

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City/Town \_\_\_\_\_

Doctor's 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.

**(Please Complete Back Side)**

Health History:

Any pre-existing or present medical conditions: \_\_\_\_\_

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

Any allergies? \_\_\_\_\_ to Medication? \_\_\_\_\_

\_\_\_\_ Hay Fever                      \_\_\_\_ Heart Condition                      \_\_\_\_ Diabetes

\_\_\_\_ Asthma                              \_\_\_\_ Insect Stings                              \_\_\_\_ Physical Handicap

\_\_\_\_ Epilepsy/Nervous Disorders                      \_\_\_\_ Any major illnesses during the past year?

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

Date of last Tetanus shot \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Any Swimming restrictions? \_\_\_\_ Yes \_\_\_\_ No What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_ Yes \_\_\_\_ No What? \_\_\_\_\_

Parent and Medical Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the person listed on this form. In the event, I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalization 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 the Monroe United Brethren Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and unknown inherit possibility of risk. I agree not to hold the Monroe United Brethren Church, its leaders, employees, and volunteer staff liable for damage, losses, diseases, or injuries by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I realize the information given here is confidential. The Monroe United Brethren Church respects your privacy and will not release this information to anyone outside of medical personnel.**