

TRINITY LUTHERAN FRIENDS IN FAITH
HEALTH HISTORY FORM

Name _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____ Home Phone _____

Work Phone 1) _____ 2) _____

In the event of an emergency please contact the following if a parent/guardian is not available:

Name & Relationship to Youth _____ Home/Work Phone #'s _____

Parents, please fill out the following information. If your youth has special circumstance of any kind, please let us know prior to the trip.

Allergies (food, medication, insect bites) _____

Present Medications _____

Present Dietary Restrictions _____

Restricted Activities _____

Chronic Health Concerns (ie. Diabetes) _____

Date of Last Vaccination:

Measles _____ Rubella _____ Tetanus Booster _____ Pertussis _____ Diphtheria _____ Polio _____ Mumps _____

If all shots up-to-date, check here: _____

Family Physician _____ Insurance Company & Number _____

By signing this form I give my child permission to attend and authorize the church staff to seek necessary medical attention in case of injury/illness. I also understand my photo or my child's photo may be taken for use in the newsletter or other promotional pieces. I acknowledge that the above information is complete and correct to the best of my knowledge.

Parent/Guardian signature _____ Date _____ Trip _____

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