

# Health Information Form

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Emergency Contact Person:

Parent/Guardian Name: \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## PARENT MEDICAL AND LIABILITY RELEASE STATEMENT:

I understand that if 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. I hereby give my permission to the attending physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical treatment is needed.

I understand all reasonable safety precautions will be taken by **Freedom Hill Community 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 **Freedom Hill Community Church**, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. **This form is effective beginning September 1, 2017 and ending August 31, 2018.**

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE**

**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 (if applicable): \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

### **Health History:**

Pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Allergies (include allergies to medications): \_\_\_\_\_

\_\_\_\_\_

Any major illnesses during the past year? \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Contact Lenses?  Yes  No

Any activity restrictions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FREEDOM HILL

COMMUNITY CHURCH

Dear Parent,

Please fill out the attached Health Information Form carefully and completely. It is imperative that we have accurate information with us in the event of an emergency. As you can probably tell from these forms, your child's wellbeing is very important to us. Your child will not be able to attend off-site events until we receive these forms.

Instructions:

- You will only need to fill these forms out once a year (Parental Permission Forms, however, will be required for each event).
- We must receive from you two completed copies of this form. **Each copy must have an original signature on it.** You may fill the form out once and copy it, but we cannot accept a photocopy of your signature: both forms must have your handwritten signature.

If you have any questions, please call the church office at 781-321-2121.

Thank you for your cooperation. We look forward to many fun times for the youth over this next year, and your diligence in this matter will help us take care of them during the times you entrust them to our care.

God Bless,

Pastor Anders  
Lead Pastor