

Health History Information

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds/Sore throat?			Asthma?		
Sinus Trouble?			Lung Trouble?		
Bronchitis?			Heart Trouble?		
Fainting Spells?			Intestinal problems including diarrhea, constipation, etc.?		
Convulsions (seizures)?			Hernia (rupture)?		
Cramps?			Appendix removed?		
Headaches/Migraines?			Sleep walking?		
Wear corrective lenses?			Ear, nose, or throat complications?		
Is hearing impaired?			Diabetes?		
Currently under any type of medical care?					
Is there history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					
Date of last Tetanus Vaccination:					

Please explain yes answers or list other conditions that may affect participation.

Please identify all allergies (food, medication) and explain the reaction: i.e. hives, difficulty breathing, nausea, anaphylaxis, etc.

Remarks and special instructions that would be important for an adult leader to know.

Please list all current medications: Medicine must be given to the adult youth leader with dispensing instructions.

Name of Medication	Dosage	Times Taken

Please check over-the-counter medications that may be administered:

- Tylenol
 Ibuprofen
 Cough Syrup
 Decongestant
 Dramamine
 Antacid
 Polysporin (first aid ointment)
 Hydrocortisone
 Benadryl
 Other: _____

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that the information in this form is correct to the best of my knowledge and my child is in good health and can travel to and participate in all Desert Foothills Lutheran Church Functions. I understand it is my responsibility to keep this form updated.

I grant permission for photographs and video clips to be taken of the above-named child. Yes _____ No _____

Signature of Parent/Guardian

Date