First Christian Church

of Pittsfield, Illinois

Youth Activities Health Form

I (we) the undersigned parent(s) or legal guardian(s) of

___________________________________, DOB _______

a minor, residing at ____,
do hereby provide the following health information and history for my (our) child.

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Is the child in general good health and able to participate in all normal age-appropriate activities? ______Yes _____ No   If no, please explain:
____
____

Date of last complete physical examination ____________________

Name of child's physician ___________________________ Phone # ________________

Blood Type if known ______

Health concerns

Allergies ____

Subject to: Asthma____ Convulsions/Seizures____ Skin Rash____
Fainting____ Migraines/headaches____ Nose Bleeds____

Chronic Illnesses/Conditions: ____
____

Dietary Restrictions: ____
____

Physical/Mental Limitations: ____
____

Emotional/Behavioral Disorders:____
____

If child is taking medication, please state the drug, dosage, and periodicity (frequency) ____

I (we) understand that should an accident occur while engaged in, or en route to or from a church event, the church's insurance carrier will be the primary insurer. The church is insured by GuideOne Insurance, Policy 010045736. The health/accident insurance company of the family would be a second insurer. My (our) child is insured by: ____and the policy number is: ____. A secondary insurer (dental/prescription) is: ____________________________________, number: _________________________.

Home Telephone: ________________________ _________________________________
(Parent or legal Guardian) (Parent or legal Guardian)

Cell number: ________________________ _________________________________
(Parent or legal Guardian) (Parent or legal Guardian)

Office number: ________________________ _________________________________
(Parent or legal Guardian) (Parent or legal Guardian)

Other emergency contact person and/or number: ________________________________

Though understanding that the church sponsors will do everything possible to contact me (us), in case an accident, illness or injury does occur I (we) hereby grant permission for a representative of the church to act as our agent and use their judgement and discretion in obtaining medical care as they deem necessary to the welfare of my (our) child.

______________________________________ __________________
Parent or legal guardian Date

______________________________________ __________________
Parent or legal guardian Date

(Note: If parents have joint custody, form must be signed by both parents.)