

# TRINITY PRESBYTERIAN CHURCH HEALTH RECORD

Please print clearly.

**\*\*PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD FRONT AND BACK WITH THIS FORM\*\***

Student Name:	
Address:	
Birth Date:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian Name:	
Home Phone:	Cell Phone:
Church:	Youth Pastor:
In Case of Emergency contact:	
Phone:	Relation:

History: (Circle) Frequent sore throat, abscessed ears, asthma, bronchitis, fainting, stomach upsets, constipation, kidney trouble, seizures, sleepwalking, diabetes, ulcer, anaphylactic allergic, reactions (bee stings, ants, other)

## Allergies: (please be specific)

Drugs:		
Plants:	Insects:	Other:
Foods:		
Year of Immunization: DPT	Tetanus:	
Has student been exposed to chicken pox in the past 2 weeks?		
Current Medications Taking and dosage:		
<input type="checkbox"/> I release the nurse of liability and responsibility to administer my student's medication as listed		
<input type="checkbox"/> I want the nurse to administer my students medication as indicated above		

## Insurance Information:

Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby give my consent to Trinity Presbyterian Church to take my above named child, to seek medical assistance (clinic, hospital, etc) and hereby release Trinity Presbyterian Church of any and all liability, as a result of any negligent medical emergency treatment. I will assume full responsibility for any and all expenses incurred (i.e. ambulance, medical and/or hospital fees etc.)

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within and acknowledged that she/he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Please list any additional information or instructions on reverse**