

SRC STUDENTS

SPANISH RIVER CHURCH 2400 YAMATO ROAD BACO RATON, FL 33431

Annual Activity Health Information Form

The form is used to assist medical professionals in emergency situations to provide medical care in the event the parents are unable to be contacted while your student is participating on a Student Ministry activity. This form need only be completed at the beginning of each school year or as health information changes.

Student Information

Student's Name: _____ Male Female Age: _____

Birthdate: ___/___/___ Grade: _____ School: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone: _____ Student Mobile Phone: _____

Student Email: _____ Parent Email: _____

Mother's Name: _____ Mobile Phone: _____

Father's Name: _____ Mobile Phone: _____

If a parent cannot be reached in an emergency, please contact:

Name: _____ Phone: _____ Relation: _____

Health Insurance Information

Family Physician: _____ Office Phone: _____

Health Insurance? Yes No If Yes, Policy Number: _____

Insurance Company: _____

Insurance Company Address: _____

Primary Insured: _____ Insured's Employer: _____

Medical Information

My child has the following allergies:

Insect Stings _____ Drugs _____ Food _____

Other _____

Allergy Details/Treatment: _____

My child has the following chronic medical conditions:

Diabetes Epilepsy Heart Condition ADD/ADHD Migraine Asthma Hay Fever Frequent Stomach Upset

Frequent Colds Physical Challenge _____ Other _____

Activity Restrictions: _____

My child has had:

- Chicken Pox Measles Mumps Whooping Cough
- All Palm Beach County public school required vaccinations

My child takes the following daily medications:

Medicine _____ Dosage _____ Time _____ Self Administered
Medicine _____ Dosage _____ Time _____ Self Administered
Medicine _____ Dosage _____ Time _____ Self Administered

In the event of an emergency, I consent to the use of blood and/or blood products under the care of a licensed physician in the treatment of my child. Yes No

Can your child swim? Yes No

Do you give permission for your child to participate in any swimming and/or other water-related activities? Yes No

Print Name of Parent or Guardian and relationship

Print Name of Parent or Guardian and relationship

Signature of Parent or Guardian

Signature of Parent or Guardian

Date

Date

Please remember to attach a copy of the front and back of your health insurance card before you submit this form!