



**Health Form ~ Grades 1-5**

**June 2008 - August 2009**

The following health form **MUST** be filled out for each child by the parent or legal guardian before child may participate in any BFC Elementary Children's Ministry Activity.

**Please Print**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

(1st) Parent or Legal Guardian Name _____	
Address _____	Home Phone _____
_____	Work Phone _____
Email _____	Cell Phone _____
(2nd) Parent or Legal Guardian Name _____	
Address _____ ( If different from above)	Home Phone _____
_____	Work Phone _____
Email _____	Cell Phone _____

Date of last tetanus shot \_\_\_\_\_ Food or Drug Allergies \_\_\_\_\_

Please mark & explain any of the following health concerns for this child:  Allergies  Asthma  Diabetes  
 Epilepsy  Hearing  Heart  Vision  Medications (current)  Other \_\_\_\_\_

Physical restrictions \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_  
Insurance Card Holder \_\_\_\_\_ Group # \_\_\_\_\_

Card Holder's Social Security Number \_\_\_\_\_

**In the event that a parent of guardian cannot be reached in an emergency, please notify (list 2 people):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the BFC Children's Pastor or Activity Director to hospitalize, secure treatment for and to order injection, anesthesia and/or surgery for the child named above.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_