

Health History: (will be kept confidential)

Health history must be filled out by parents/guardians of minors or by adults themselves.

Name: _____ Birthdate: _____

Social Security #: _____

Emergency Contact Name(s) and Phone Number(s) _____

Insurance Information

Is the participant covered by family medical/hospital insurance? · Yes · No

If so, indicate carrier or plan name: _____ Policy# _____

Photocopy of front and back of health insurance card must be attached to this form.

Health History

The intent of this information is to provide the background to provide appropriate care.

Allergies: Describe reaction and management of the reaction:

Medication: _____

Food: _____

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.):

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire mission trip. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

· This person takes medications as follows:

Medication Dosage Specific times taken each day Reasons for taking

Attach additional pages for more medications.

Dietary Restrictions: (please write "none" if you have no restrictions):

Date of Last Tetanus shot: _____ (needs to be within the last 10 years).

Name & Phone # of Physician: _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all mission trip activities except as noted. I hereby give permission for administration of prescribed medications and for seeking emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission for necessary treatment, including hospitalization, for the person named above. A copy of this form may be used instead of the original.

Signature of parent/guardian or adult participant: _____

Printed Name: _____

Date: _____