

Good Shepherd Lutheran Church Health History Form

7000 Creedmoor Rd., Raleigh, NC 27613

(919) 848-1573

To be completed by parent/guardian of those under 18 years.

Name _____ Birthdate _____

Last First Initial

Age _____ Sex ___ M ___ F

Parent or Guardian _____

Name

Home Address _____ Phone _____

Street, Road or Box City State Zip Area/number

Business _____ Phone _____

Street, Road or Box City State Zip Area/number

Second Parent or Guardian, or emergency Contact _____

Name

Home Address _____ Phone _____

Street, Road or Box City State Zip Area/number

Business _____ Phone _____

Street, Road or Box City State Zip Area/number

If above are not available in an emergency, contact _____

Name

Address _____ Phone _____

Street, Road or Box City State Zip Area/number

Relationship _____

Allergies: (please check)

_____ Drug Allergies (Specify)

_____ Insects Stings

_____ Hay Fever

_____ Food (Specify)

_____ Other (Specify)

Medications: (Explain dosage and reason)

Dietary Restrictions: _____

Activity Restrictions: _____

Please use the reverse side to list other information which may be helpful to us.

Insurance: Health Insurance Co. _____

Policy or ID# _____ Group Plan ID# _____

Name of Insured _____

Where insured is employed _____

Address for claims _____

Family Physician _____ Phone _____

Emergency Authorization: I hereby give permission to the medical personnel selected by a representative of Good Shepherd Lutheran Church to order x-rays, routine tests and treatment for this youth and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a representative of Good Shepherd Lutheran Church to hospitalize, secure proper treatment for, and to order injection and/or anesthesia for the above named.

Signature of Parent/Guardian _____ Date: _____

Please check here if you do NOT give consent for Good Shepherd Lutheran Church to use photos of this youth for promotional purposes (brochure, website, displays, etc.)