Real Life Church

Youth Health History/Medication/Liability Form

Name of Child: _____ Date of Birth: _____
Gender: __Male __Female Age: _____ Most Recent Grade Completed: _____
Home Address: _____
Custodial Parent/Guardian: _____ Relationship to Child: _____
Address (if different from above):_____
Primary Telephone_____ Secondary Telephone_____
Second Parent/Guardian: _____ Relationship to child: _____
Primary Telephone_____ Secondary Telephone_____
Additional contact in event parent(s)/guardian(s) cannot be reached:
Name: _____ Relationship to child: _____
Primary Telephone: _____ Secondary Telephone: _____

Health Information (if more space needed, please use back of form)

Allergies:
_____No known allergies
____This child is allergic to:
____Food ____Medicine ____Environmental (insect stings, hay fever, etc.) ____Other
(Please describe below what your child is allergic to and the reaction seen)

Diet/Nutrition:
____This child eats a regular diet.
____This child has special food needs. (Please explain)

General Medical Conditions or Restrictions
Describe any medical conditions or restrictions your child has that we should be aware of. This Includes any information you would like a doctor to know in an emergency.

Medical Insurance Information:
Is this child covered by family medical/hospital insurance? ____yes _____no
Insurance Company _____ Policy Number_____
Subscriber_____ Insurance Co.'s Phone Number _____

Health Care Provider:
Name of Primary Doctor _____ Telephone: _____
Clinic name: _____ Preferred Hospital: _____

Child's Name: _____

Medications: (Including over-the-counter medications)

_____ This child **will not** be taking any daily medications during this event
_____ This child **will** be taking daily medication(s) during this event

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins. **Please bring medications in ORIGINAL PACKAGING/CONTAINERS for both prescription and over-the-counter medications. Prescription containers MUST HAVE THE PRESCRIPTION LABEL (which shows the child's name and how the medication should be given) intact and on the container itself or they cannot be given. Children are not allowed to self-carry medication unless the appropriate documentation (written and signed by a physician) is received.** Provide enough of each medication to last the entire time the child will be with us.

Name of Medication	Date Started	Reason for Taking	Time it is Given	Amount (or Dose) given	How it is given
			__Breakfast __Lunch __Dinner __Bedtime __Other		
			__Breakfast __Lunch __Dinner __Bedtime __Other		
			__Breakfast __Lunch __Dinner __Bedtime __Other		

Parent/Guardian Authorization for Health Care

This health history is correct and accurately reflects the health status of the child to whom it pertains. This child described has permission to participate in all activities except as noted by me and/or an examining physician. Real Life Church staff has my permission to dispense medications I listed above and delivered in original, non-expired containers (prescribed and over-the-counter). I authorize an adult youth sponsor of any Real Life youth sponsored activity as an agent for me to consent to any X-ray, examination, medical/dental/surgical diagnosis, treatment/hospital care advised and supervised by a physician, surgeon, and/or dentist licensed to practice under the laws of the state in which services are rendered, at either a doctor's/dentist's office, urgent care, and/or hospital, in the event that I am not able to be reached or make those decisions for myself.

X_____ _____ _____
Custodial Parent/Guardian Signature Date Relationship to Camper

Liability Release

I hereby release Real Life Church, its staff, and youth sponsors from responsibility and liability for any injury or illness that the above named young person, who is under my legal guardianship, may sustain during any youth activity sponsored by Real Life Church.

X_____ _____ _____
Custodial Parent/Guardian Signature Date Relationship to Child