

MOUNT ZION MINOR HEALTH CARE AUTHORIZATION FORM

Group _____

Name _____ Birthdate ____ / ____ / ____ Age ____

Sex M ____ F ____ Grade ____

Parent/Guardian _____

Home Address _____
Street City State Zip

Home Phone (____) ____ - ____ Cell Phone (____) ____ - ____ Work phone (____) ____ - ____

If not available in an emergency, please notify:

1. _____ Home Phone (____) ____ - ____

Home Address _____
Street City State Zip

2. _____ Home Phone (____) ____ - ____

Home Address _____
Street City State Zip

HEALTH HISTORY: (Please check, giving approximate dates)

| CHRONIC ILLNESSES | ALLERGIES | FOOD/DRUG ALLERGIES (list) | |
|--|---------------------|----------------------------|--|
| Ear Infections _____ | Hay Fever _____ | _____ | Has your child been exposed to any of the following within the last three weeks? (give date) |
| Convulsions _____ | Ivy Poisoning _____ | _____ | |
| Diabetes _____ | Insect Stings _____ | _____ | |
| Hyperactivity/Attention Deficit Disorder _____ | Penicillin _____ | _____ | |
| Asthma _____ | | _____ | Chicken Pox _____ |
| | | | Measles _____ |
| | | | German Measles _____ |
| | | | Mumps _____ |
| | | | Whooping Cough _____ |
| | | | Other name) _____ |

Operations or serious injuries (dates) _____

Chronic, recurring illness (not previously listed) _____

Special instructions of parents: _____

Any specific activities to be discouraged? _____

Family Doctor _____ Phone (____) ____ - ____

Are immunizations up to date? Yes _____ No _____ (If no, please explain below)

What was the date of the last tetanus shot? _____

Will your child be taking special medications while with the church group? Yes _____ No _____

If so, please list, giving dosage and times:

| | Name | Dosage | Time to be taken |
|----|-------------|---------------|-------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

Can this child receive Tylenol if needed? _____

Is there any other information about the child that would be helpful for the Group Leader, Nurses or Physicians to know?

INSURANCE INFORMATION

Insurance Company _____

Type of Insurance _____

Policy Number _____

Please provide a copy
of your insurance card
and attach to form.

PARENT'S MEDICAL AUTHORIZATION AND LIABILITY RELEASE AGREEMENT:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed group activities except as noted by me.

In the event I cannot be reached in an EMERGENCY, I hereby give permission for a licensed medical nurse, doctor or hospital to treat my child for any sickness or injury which may occur while he/she is participating in the group activity. I also give permission to the authorized Group Leader to dispense medications prescribed for the child as listed.

By signing this form, I release Mt. Zion Church, its members, and all authorized Group Leaders from all personal injury, disability, property damage, loss or damage of any kind sustained or that may hereafter be sustained by me in connection with my child's participation in said program.

PARENT'S SIGNATURE



(Wait to sign in Notary's presence.)

DATE

(This form is valid one year from the date it is signed and notarized.)

Notary _____

My commission expires _____