

HEALTH FORM

CONDITIONS YOU HAD OR SUBJECT TO:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Appendicitis	_____	_____	Chronic Infection	_____	_____
Asthma	_____	_____	Sleepwalking	_____	_____
Heart	_____	_____	Recent Illness	_____	_____
Fainting	_____	_____	Recent Exposure to	_____	_____
Hernia	_____	_____	contagious disease	_____	_____
Convulsions	_____	_____			

Explain all boxes marked "YES" or list special needs

Medications: _____

Medically-Related Diet Restrictions: _____

Date of Last Booster: Tetanus: _____ Other(s): _____

Name of Health Insurance Provider: _____

Policy Number _____ Group Number _____

Primary Name on Insurance _____

In case of medical emergency, I hereby give permission to the physician selected by the Event Director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my child as named above. I also release the North Texas Area of the Christian Church (Disciples of Christ) and its agents from liability in injuries beyond the limits of the health and accident insurance provided for in the event fee.

DATE _____

Parent/Guardian Signature

IN CASE OF EMERGENCY AND IF UNABLE TO REACH PARENT/GUARDIAN, PLEASE NOTIFY:

NAME: _____ ADDRESS _____

Street + City and Zip

PHONE: (_____) _____ / (_____) _____ RELATIONSHIP _____
Area Code Home Office

I know and recommend this young person for participation in this NTA sponsored event.

Minister's signature _____

I have read the information provided about the event I am registering for and have discussed my participation with my parents and my minister or youth sponsor. I am prepared to attend this NTA sponsored event and bringing with me a spirit of Christian cooperation and goodwill.

Youth's Signature _____