

# 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 \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Area Code      Home                      Cell                      Street + City and Zip

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** \_\_\_\_\_