

HEALTH HISTORY AND EXAMINATION FORM

For Children and Youth

Complete and Return **NOTARIZED** for to: **ALSBOM – Worship Resources**
P.O. Box 681970 Prattville, AL 36068-1970

Name _____ Birthdate _____ Age _____ Sex _____

Parent/Guardian _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Phone _____ Church _____

Please list any allergies (**Including food**) or other life-threatening medical issues that we need to know of:

Emergency Authorization – I hereby give permission to the medical personnel selected by the Worship Resource Office’s director to order X-rays, routine tests and treatment for my child. In the event of an emergency, if I cannot be reached, I hereby give permission to the physician selected by the Worship Resources Office to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

Signature of Parent/Guardian _____

Witness _____ Date _____

I _____ understand and agree to abide with the restrictions placed on my activities by my parent/guardian.

Signature of Child/Youth Participant _____

The **Health History** is correct so far as I know, and the person herein described has permission to engage in all prescribed activities as noted.

Insurance: Insurance Issued in the Name of _____

Please attach a photocopy of BOTH sides of your health insurance card.

I understand that my insurance will be filed as the primary carrier.

Parent/Guardian Signature

Date

Alabama
County of _____

Signed and sworn to (or affirmed) before me this day by _____.

Witness my hand and official seal, this the _____ day of _____, 20____.

Official Signature of Notary

Notary's printed or typed name

My commission expires: _____