HEALTH HISTORY & PUBLICITY RELEASE FORM - FIRST PRESBYTERIAN CHURCH
(COMPLETE BOTH SIDES)

NAME: _____ Male / Female (circle)
First Middle Initial Last

Birth Date _____ Age _____ Grade just finished_____ T shirt size_____
Month / Day / Year

PARENT(S) NAME(S) : _____

Address:_____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

PHYSICIAN'S NAME: _____ Phone (_____) _____

ALLERGIES: _____No known allergies Allergic to: Food: _____ Medicine _____

Environment (insect stings, hay fever, etc.) _____ Other _____

Please describe symptoms: _____

_____

ASTHMA: Have asthma? _____Yes _____No Use an inhaler? _____Yes _____No
When was the last time the inhaler was used? _____

What triggered this asthma attack? _____

MEDICATION: The following medication(s) will be taken...

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All prescription medication must be in an original pharmacy container with labels which show the student's name and how the medication should be given. Provide enough medication to last the duration of the mission trip. All medications will be given to adult leadership at the start of the trip.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or Dose given
			___Breakfast ___Lunch ___Dinner ___Bedtime	
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The following non-prescription medications may be available during camp and are used on an as needed basis to manage illness and injury. **CROSS OUT THOSE THE STUDENT SHOULD NOT BE GIVEN.**

Acetaminophen (Tylenol)	Antibiotic cream (Neosporin)
Ibuprofen (Advil, Motrin)	Diphenhydramine antihistamine/allergy medicine (Benadryl)
Generic cough drops	Generic anti-itch lotion (Caladryl)

IMMUNIZATION: Date (month/year) of most recent tetanus immunization _____

HEALTH ISSUES: List any medical conditions or illnesses of which we should be aware.

_____

_____

IN CASE OF EMERGENCY, NOTIFY (OTHER THAN PARENT):

Name: _____ Relationship :_____

Address: _____

Home Phone: _____ Cell Phone:_____ Work Phone:_____

INSURANCE INFORMATION: Name of insurance company: _____ N/A _____

Type of Policy: _____Group _____Individual Policy Number: _____

Name of Policyholder: _____ Relationship to student: _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE AND PUBLICITY RELEASE FORM

This health history is correct and accurately reflects the health status of my son/daughter. I give permission to the adults attending camp to order x-rays, routine tests, and treatment related to the health of my child for both routine healthcare and emergency situations. If I cannot be reached in an emergency, I give my permission to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with mission trip supervisors.
I give permission to photocopy this form.

I also give permission to the adults attending camp to use my child's likeness and image for church publicity purposes only.

This form and authorization is effective for one year from the date it is signed.

Signature of Custodial Parent/Guardian _____ Date _____

**I would like my child to be placed in the same group or cabin as_____