

Twin City Chinese Christian Church Youth Ministries
Health Information Form
Effective September 2012 – August 2013

Please Print In Ink – If anything changes, let us know!

Name _____
Last First Goes by

Birthday ____ / ____ / ____ Male Female

'12-'13 School _____ Grade _____

Parent/Guardian _____ Phone (H) _____

Phone (W) _____ Phone (Cell) _____

Address _____

City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____

Phone (W) _____ Phone (Cell) _____

Address _____

City _____ State _____ Zip _____

Alt. Emergency Contact _____ Phone (H) _____

Phone (W) _____ Phone (Cell) _____

Student email address _____

Parent email address _____

Medical insurance carrier _____

Policy# _____ Group# _____

Carrier address _____

Name of insured person _____

Name of family physician _____

Phone _____

Name of dentist/orthodontist _____

Phone _____

Insured person's place of employment _____

Allergies:

___ Hay Fever ___ Penicillin ___ Ivy Poisoning, etc. ___ Insect stings

___ Other _____

Any over-the-counter medications we should not administer?

Chronic or recurring illness or medical condition:

Dietary restrictions/food allergies: _____

Current Medications (List both prescription, OTC & herbal) – please inform us of changes

Medication name: _____

Dosage _____ Reason for taking _____

Medication name: _____

Dosage _____ Reason for taking _____

Blood Type (if known) _____ Are all immunizations current? (MMR, tetanus, hepatitis) Yes No

Any other information you feel the leaders should know in advance about your student: _____

The T4C youth leaders will make every effort to contact you in case of emergency. However when we cannot reach you this information may be used to administer treatment for the well-being of your child.

Parent/guardian Signature _____

Date _____

Student's Signature _____

Date _____