



Holy Communion Lutheran Church
 621 Old Fallston Rd, Fallston, MD 21047
 (443) 299-6134

Medical Health History and Permission to Treat

<i>Child's Name and Age</i>		<i>Child's DoB</i>	
<i>Address</i>			
<i>Parent/Guardian's Name and Address (if different from Child's Address above)</i>			
<i>In Case of Emergency, please notify:</i>	Name:		
	Relationship:		
<i>Emergency Contact Info (list alternation numbers):</i>	<div style="border-left: 1px solid black; padding-left: 10px; margin-left: 20px;"> Policy and/or Group Number: Name of Primary Policyholder </div>		
<i>Family Medical/Hospital Insurance Carrier:</i>			

Part 2: Illness and Injuries (check those that apply and that are consider chronic or recurring):

- Ear Infection Bleeding Musculoskeletal Issues Diabetes
 Heart Disease/Defect Seizures Asthma
 Other (explain):

Part 3: Allergies

- Animals Plants Hay Fever Pollen Insects Other (explain):
 Medications/drugs (explain): _____ Food (explain): _____

Part 4: Behavioral Conditions:

- Bed wetting Constipation Menstrual Cramps Motion Sickness Sleep disturbances
 Emotional disturbances Hearing Impairment ADD/ADHD

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health concerns. Also, indicate any activities to be encouraged or restricted.

Are all immunizations current?
 Yes No

Medications:

List any medications that your child should take (Note: ALL pills should be in the original container, and directions clearly labeled from the pharmacy or physician).

My child can or cannot administer this medication independently.

By signing this form, I give permission of the event to seek urgent medical attention.

Name _____ Date _____

Signature