

**Prince of Peace Lutheran Church**  
**Health History / Authorization for Emergency Medical Treatment**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ **M F**

*Circle one*

Address: \_\_\_\_\_

	<b>Mother/Guardian</b>	<b>Father/Guardian</b>
Name		
Address (if different than child)		
Daytime phone		
Evening Phone		
Cell Phone		
Alternate contact		
Alternate phone		

**Health History**

<b>Illness/Injury</b>	<i>Check any that apply</i>	<b>Allergies</b>	<i>Check any that apply</i>	<b>Other Health Conditions</b>	<i>Check any that apply</i>
Asthma		Animals		Motion Sickness	
Diabetes		Hay Fever		Hearing Impaired	
Epilepsy		Medicines/drugs		Fainting	
Kidney Disease		Food		Emotional Disturbances	
Convulsions		Insect Stings		Constipation	
Ear Infections		Plants		Nose Bleeds	
Heart Disease		Other		Bed Wetting	
Other				Special Dietary Needs	
				Physical Impairments	
				Other	

Specific information regarding any item checked above (continue on back if needed):

\_\_\_\_\_

**Health Information**

Date of child's last health examination \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Medications being taken currently (include dosage) \_\_\_\_\_

Are all immunizations, as required by your child's school, current? *Yes No*

Answer **Yes** or **No** to the following questions:

Were any complicating medical problems noted in your child's last health examination? \_\_\_ Is your child currently under a physician's care for a medical problem? \_\_\_ Since your child's last health exam, has your child had: a serious injury requiring medical attention? \_\_\_ an illness lasting longer than one week? \_\_\_ a surgical operation or fracture? treatment in a hospital as an inpatient or in the emergency room? \_\_\_ Is your child restricted from any school physical education activity? \_\_\_

Please explain any "Yes" answer and include dates (continue on back if needed) \_\_\_\_\_

\_\_\_\_\_

Any other pertinent facts to which a medical doctor should be alerted or that would be useful to an adult in charge \_\_\_\_\_

\_\_\_\_\_

*I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency. I understand that reasonable efforts will be made to contact me or my designated alternate. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to: 1.) the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility or chosen by the adult in charge; and 2.) the immediate administration of life-sustaining measures deemed necessary under the circumstances. I agree to assume liability for any medical expenses involved.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date