



Health Information Form

NOTE: We require a signed and completed health form for each child

Child's Full Name: _____

Date of birth: _____ Gender: _____

Health Insurance Carrier: _____

Health Insurance Card Number: _____

Family Doctor's name: _____

Family Doctor's number: _____

Does your child have any severe or life threatening allergies?

Yes ___ No ___ if **YES** please explain:

Does your child have any physical, emotional, or behavioral concerns or limitations that our staff should be aware of?

Yes ___ No ___ if **YES** please explain:

Check if your child currently or within the last year, has had any of the following:

Asthma	_____	Hepatitis	_____	Diabetes	_____	Fainting	_____
Hay fever	_____	Measles	_____	Epilepsy	_____	Mumps	_____
Chicken Pox	_____	Tonsillitis	_____	Ear Infection	_____	Other major illness	_____

Date of last Tetanus Shot: _____



Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Ambassador Bible Church, its staff, and volunteers are hereby released from any liability.

In the event that your child requires special medication, x-rays or treatment, the parent/s/guardian/s will be notified immediately.

If there is an emergency situation I hereby give permission to the physician/s selected by Ambassador Bible Church to hospitalize and secure proper treatment for my child as named above.

Parent/Guardian signature _____ **Date** _____