

## Morrow Memorial United Methodist Church Health History and Release Form for Minors

Please type or write clearly and legibly.

Name of Minor: (Last, First, Middle Initial)		Date of Birth: (mm/dd/yyyy) & Grade	
Address:		City:	St:      Zip:
Parent or Guardian:		Phone (day/eve.):	Cell. Phone:
Parent or Guardian:		Phone (day/eve.):	Cell. Phone:

### Emergency Contact Information (not parent/guardian):

Emergency Contact:	Relationship:
Phone:	Alternate Phone:

**Health Insurance Information** (Family insurance is primary insurance in case of accident or illness. Please make a copy of both sides of your insurance card and attach to this document)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

### Check all that apply and explain in detail checked answers:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Fainting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed wetting
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Constipation
<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Convulsions/Epilepsy/Seizures	<input type="checkbox"/> Measles
<input type="checkbox"/> Sinusitis (Sinus Infections)	<input type="checkbox"/> German Measles
<input type="checkbox"/> Physical Restrictions	<input type="checkbox"/> Mumps
<input type="checkbox"/> Kidney/bladder illness	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Mental/psychological disorder	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eating Disorders (Anorexia, Bulimia, etc.)
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Has begun menstruation	<input type="checkbox"/> Had surgery or hospitalized in the last 5 years
<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Currently under doctor's care
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Emotional – Separation Anxiety
<input type="checkbox"/> Other:	

**Please explain in detail all checked answers marked above:**

**Allergies:** Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of last Reaction
1.			
2.			
3.			

Does your child suffer from Anaphylaxis?      Yes      No

\*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Does your child carry an EpiPen?              Yes      No

Does your child carry an inhaler?            Yes      No

**Medical Conditions** (including any precautions or restrictions on activities)

Name of Condition	Effects
1.	
2.	
3.	

**Medications:** List any medications your child is currently taking (or has taken in the recent past) including dosage schedule and specific instructions for use.

Medication	Purpose	Dosage Schedule	Specific Instructions	Still taking? (Yes/No)
1.				
2.				
3.				
4.				
5.				

**Does your child have a Special Medical or Dietary Regiment to be followed?**              Yes      No

If so, please explain or attach a dietary plan to this document: \_\_\_\_\_

**Any other information not covered in this form that is important that advisors for this event know:** \_\_\_\_\_

The health history and information provided here is correct as far as I know, and the person herein described has permission to engage in all Morrow activities except as noted. I hereby give permission to the medical personnel selected by Morrow Memorial UMC to order X-rays, routine tests, treatment, to release records as necessary for insurance purposes and to provide or arrange necessary transportation for me/or my child in the event of an emergency. It is agreed by the undersigned as follows: That neither Morrow Memorial Church, Maplewood, nor any of its employees or volunteers shall be liable to the undersigned for any claim. Such claims being hereby waived, and the undersigned will indemnify and save harmless Morrow Memorial Church, Maplewood, and its employees and volunteers from all liability for such claims.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_