NC Women of the ELCA Children/Youth Health History Information

The following is a brief health history form. This information is essential for the Caregivers to be properly prepared to care for your child during the event/gathering. Please be assured that this information will be guarded with confidentiality as specified by the Family Rights and Privacy Act. **Please complete this form and return it with the Parent/Guardian/ Child Agreement for the event.**

Child Name: _____ Date of Birth: _____ Age _____

Parent/Guardian: _____ Event_____

Address (Number, Street, City, State, Zip)
_____
_____

Phone Number(s) Parent/Guardian
_____
_____

Email_____

Do you text? Yes _____ No _____

Physician Name, Address & Phone Number
_____
_____
_____

Emergency Contact other than parent/phone
_____
_____
Is this person participating in this event? _____

PLEASE CHECK BELOW IF YOUR CHILD HAS EVER HAD ANY OF THE FOLLOWING:

__ Allergies: What kind and reaction? _____
__ ADD/ADHD
__ Asthma: Known triggers _____
__ Blood Disorder (including sickle cell) _____
__ Motion Sickness
__ Fainting
__ Blood Pressure Problem
__ Cancer: Type: _____
__ Diabetes
__ Growth or Developmental Problems
__ Headaches /Migraines: Known triggers: _____
__ Hearing Impairment __ Frequent Ear Infections
__ Heart Problems -- Restrictions: Yes/No _____
__ Infectious Disease
__ Kidney Problems _____
__ Bedwetting
__ Nosebleeds
__ Orthopedic __ Issues Explain: _____
__ Seizure Disorder: Type: _____
__ Vision: glasses/contacts (circle)
__ Special Diet: Explain: _____
_____

__ Other physical, mental or emotional challenges/restrictions of which we need to be aware: _____
_____

Are your child's immunizations up to date? Yes ____ No ____ If "No," explain._____
Date of last Tetanus (Td/Tdap) Shot: _____
Will or does your child take any medication on a daily basis? Yes _____ No _____ Please list the name, dosage, and time your child takes the medication: _____
Has your child ever had a serious illness, accident, or been hospitalized? Yes ____ No ____
If "Yes," please explain: _____

This health history is complete and accurate. I know of no reason my child should not participate.

_____
Parent/Guardian Signature

_____ _____
Parent/Guardian Cell Phone where I can be reached during this event. Date

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For Office Use Only Below This Line/Do Not Complete:
Activity_____ Location_____ Date _____