

LUM Youth Ministries

LENEXA UNITED METHODIST CHURCH * 9138 CAENEN LAKE ROAD * LENEXA, KANSAS 66215 * 913.888.5600

HEALTH FORM

NAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

EMERGENCY ATERNATIVE NAME & PHONE _____

PHYSICIAN NAME _____ PHONE NUMBER _____

INSURANCE CARRIER _____

POLICY NUMBER _____ EXPIRATION DATE _____

VERIFICATION REQUIREMENTS _____
(INCLUDE A PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD.)

DATE OF LAST TETANUS SHOT OR BOOSTER _____

RESTRICTION OF ACTIVITIES? () NONE () SPORTS () SWIMMING () HIKING () OTHER

OTHER? PLEASE SPECIFY _____

DOES THIS PERSON HAVE SPECIAL DIETARY NEEDS? IF SO, EXPLAIN.

IS THIS PERSON ON AMY MEDICATIONS? IF SO, EXPLAIN.

DOES THIS PERSON HAVE ANY MEDICAL PROBLEMS? IF SO, EXPLAIN.

WHAT MEDICATIONS SHOULD NOT BE GIVEN? _____

MEDICATIONS THAT ARE OK TO BE GIVEN BY ADULT SPONSOR: (CIRCLE) ASPRIN TYLENOL ADVIL

ALLERGIES: (CIRCLE) PENICILLIN / TETANUS SHOTS / HAY FEVER / SULFA / POISON IVY / FOOD / _____

OTHER? SPECIFY. _____

WHAT OTHER INFORMATION ABOUT THIS PARTICIPAT WOULD BE HELPFUL FOR THE SDULT SPONSORS TO KNOW?

REVIEWED BY PARENTS: DATE _____ DATE _____ DATE _____ DATE _____ DATE _____